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ORIGINAL COMMUNICATIONS.

VALEDICTORY ADDRESS,

Delivered to the Medical Class in Lind University,

By Prof. T. DEVILLE.

GENTLEMEN.—There are moments peculiarly felicitous in the lives of men who have devoted a considerable portion of their time to occupations which demand much patient labor, and where pecuniary recompense and honors are tardily dealt out, though had the same amount of energy been directed in channels of a different nature, they would most probably have lead to distinction and fortune.

I frankly avow at this moment that I feel vain and elated at the very flattering testimonial just presented me. Your appreciation of my qualities as a teacher, and your good wishes so kindly expressed for my future well-being and success, excites in my breast a feeling of honest pride and gratification which will be retained to the end of my existence.

None are so well qualified to judge the capabilities of the teacher, as the pupils who daily surround him; pardon me the vanity of stating that this is another of the pleasing proofs, which it has been my good fortune to receive, that my labors have met the approval of those amongst whom I have found myself in the relation of an instructor.

In my introductory address last year, I distinctly disclaimed for myself any pretensions to eminence in my particular branch of science. I have again to reiterate it; you will have seen that any success which is due to my teaching, has arisen

rather from the energy and zeal with which I prosecute my duties, than from any special capabilities as a teacher. I love my calling, and nothing gives me greater pleasure than when I have been enabled to make some difficult point well understood by the class which I happen to have been instructing.

I feel deeply sensible of the very imperfect course of anatomy which I delivered in this school last year, for my circumstances sorely militated against me. To give a course of anatomy which may prove satisfactory to the teacher and of sound benefit to the student, I believe it should be of a more extended nature, the teacher should be aided by abundance of good preparations and diagrams, and above all, his whole energies should be concentrated on the responsible duties which the science peculiarly demands, his mind should be freed from the pressing anxieties of having to provide for his commonest necessities, and not exposed to causes which may depress his spirits, producing sometimes abstraction and incapacity from a hundred annoyances and disappointments.

I very much regret that my mission amongst you, has, in some respects, been unsuccessful, and that circumstances have obliged me to tender my resignation. I embarked my little all, the accumulated savings of a number of years, and contracted debts to provide myself with a suitable outfit for carrying on with credit a course of anatomy. Nothing would have induced me to abandon the post, and leave you, but the constant battle which I foresaw that I should for a long time be engaged in, to gain enough to meet the expenses of my moderate daily requirements. "The laborer is worthy of his reward," and when he cannot secure even a small recompense, he is driven by sheer necessity to seek it elsewhere. In the short space of twelve months, I am obliged to return to my native country, for my means will not permit me further to prolong my stay.

I do not enter into these details with the idea of a hacking blame to any individuals, for no one is responsible, it was my own act in coming out here. I thought that this would be a good point to meet with pecuniary success, that the opportunities which I had enjoyed in my profession would be duly

appreciated, and remuneration sufficient to meet every moderate requisite immediately attained. I found on my arrival a great commercial depression, no money to be had, and but a few students. I realised in a moment the exact state of things, and began my career in this city with gloomy forebodings.

I must apologize for entering upon these purely personal details, and on which I ought perhaps to have been silent, but I felt that the explanation was due to my colleagues, so that no misinterpretation might get abroad as to the real causes which have led to my resignation. I am happy in being able to assure you that the relations which exist between myself and colleagues at the present time, are of a very friendly nature, I wish them sincerely success in their enterprise, that this department of the University may become the model institution of the North-West, and the graduates as a rule, recognized as men of superior intelligence by their brother practitioners.

Permit me here to offer a few remarks on medical education. I think preliminary education of great importance, more than seems to be insisted upon by the medical authorities of this country; I believe that a young farmer will find his progress in medicine very difficult, if he has not previously undergone disciplinary study.

The system of lecturing has been, and continues to be greatly abused, and one which cries loudly for reformation. This has been recognized in Europe, hence the evil has been much modified, and a better plan inaugurated.

I am proud to say that the Faculty of the Lind University is the first one, which in this country has acknowledged the truth of this proposition, and had commenced a system which possesses peculiar merits if rigidly carried out. To become connected with a highly intelligent body of professors who were engaged in the noble task of ameliorating the system of medical education was worthy the ambition of even a great man, and it was with the desire of aiding such a project by my humble efforts which powerfully induced me to accept the chair of anatomy amongst you.

When I was a student of medicine the vicious system of attendance upon six courses of lectures during the winter session

and nearly as many in summer was in vogue, though the Faculty of medicine in King's College opposed it, and recommended that the students should attend not more than four daily, and so arranged the curriculum that the studies prolonged over another year, extra to the ordinary academical course. I well recollect not having accorded with the recommendation, it being optional on the part of the student, as they could not enforce regulations which were in opposition to the ordinances of the examining boards. As I was a matriculated student, and the cost was no more, I thought I had better get through the prescribed course as quickly as possible, considering the system of lecturing as then practiced, a great bore and unmitigated evil, but in reviewing my student's career, I regret much that I had not accepted in full confidence the recommendation of my teachers. I had afterwards to sit about the earnest study of subjects on which I was imperfectly informed. My sin was visited not unfrequently on the head of a Mr. Deveulle, whose name so nearly approached my own, that we were often confounded, and errors arose notwithstanding the protestations of Mr. Deveulle. The Dean had made a remark against Mr. Deveulle's name, as having taken out six tickets contrary to the recommendation of the faculty, and in consequence strict examinations were to be inflicted.

I well recollect one Monday morning when at the weekly *viva voce* examinations of the class, the Prof. of anatomy, in looking over the list of names came to that of Mr. Deveulle. Ah, says he, here's a gentleman who is I suppose a perfect walking encyclopædia of anatomy and medical knowledge generally, as he is attending six courses of lectures. On examination poor Deveulle could not answer the question propounded, and got for his ignorance one of the notoriously caustic and pithy reprimands of the Prof. which elicited a war of laughter from nearly two hundred students.

I am glad to say that the curriculum first proposed by the faculty of King's College for the ordinary pass examinations, has been adopted by all the medical boards, and is now in full force.

The system of lecturing dates from the earliest period in the history of medicine when there was but few books; and almost the sole chance of instruction was by attending the lectures of celebrated professors scattered over Italy, Holland, Germany and France, one here, another there, thus entailing a long and expensive pilgrimage to the shrines of medical science, the avenues to which were difficult, and the laborers few.

Now, in this age of intelligence and progress we have abundance of books, enough to bewilder any student, and unless teaching be of a practical nature it loses much of its value. I do most solemnly protest against the system of six lectures, cliniques, and dissections per diem, as being utterly impossible on the part of the student to profit by such a course. If he gains knowledge it will be of such a superficial character as to be of no real value whatever, and if he pays particular attention to one branch of study, it will be to the detriment of others, all of which have a relative importance, and in either case, under such a system his medical education will be lamentably deficient.

And yet the improved system inaugurated in this University has been publicly denounced by the President of the neighboring college, notwithstanding all that has been said against the system pursued in his own school, by the highest representative of the profession in this country, the American Medical Association. I should like the pleasure of making a practical examination of such a set of students, after their second course, in Anatomy, Physiology, Pathology and Surgery. I would soon make them feel their real ignorance, and yet they receive the highest degree recognised in medicine, and go forth to the world pompously as educated physicians. The system is notorious and cannot be too loudly decried. My colleagues do not pretend that their own is anything like perfection, but they have *made one bold step* in the right direction, their system allows a little more breathing time for observation and reflection, and does not hurry them through the steam-mill at such a rapid rate. It is something to have accomplished this much, and entitles the faculty to the respect and confidence of every intelligent physician.

As preliminary to scientific studies an education in classics and mathematics is very desirable, it fits the mind for active work, besides being a sound embellishment. Again, before commencing medical studies proper, I think two full courses of six months, of a practical nature in natural Philosophy and Inorganic Chemistry, combined with two full summer courses in Botany and Natural History cannot be too highly estimated, if the student wishes to mark out for himself a distinguished position in the profession.

In Medicine, Surgery, Anatomy, Pathology, Chemistry, Physiology and Midwifery, the only rational manner of teaching these respective branches, is to teach them, as much as possible practically, at the bed-side, in the post-mortem theatre, dissecting room and laboratory, aided by experiments, diagrams, models, preparations, &c.; otherwise the professor merely gives you so many words compiled from his own and others experience, which frequently is as quickly forgotten. This is very faulty, for the medical sciences are really those of observation and can only be taught effectively by way of demonstration.

I well remember attending a course of lectures at the Royal College of Surgeons in London, by Prof. Owen, on the homologies of the temporal bone. These lectures were very learned and scientific, so much so, that they entirely bewildered me, I was mentally obfuscated, until one day I had a simple demonstration on the subject of these lectures, and comprehended perfectly the essential leading points in less than half an hour.

Those branches of medicine which from their nature cannot be taught practically, I think it useless to exact the attendance of students on lectures; rather let the professor enjoin the use of a good text-book, make stated examinations on the subject, simplifying what is difficult to comprehend, and giving the result of his own observations as the occasion presents.

The system of examinations is one of great importance in medical education, and what I am glad to say is recognized by the faculty of this University. I think it might even be pushed further with advantage.

I have been in the habit for a number of years, as I have proceeded in a lecture, step by step, to ascertain if the students understand the point which has been demonstrated; in other words, whether I have made myself clear on the subject, adapted myself to their intelligence, and frequently I would drop on an unwary student, whom I thought perhaps to be at the time somewhat inattentive, with the happiest effects; a good moral discipline has been induced, and enthusiasm has prevailed, and what might otherwise have proved a dull lecture has been felt entertaining and useful; for once mistify a student and his interest in the lecture flags, he cares but little about it, and is glad to hear the bell summons the professor to shut up. Weekly *viva voce* and monthly written examinations are exceedingly useful, and even frequent examinations held amongst students themselves, is, I believe, of the highest benefit. This practical system may be taken as a fair outline of the one which has been gradually brought about, and is now employed in several of the best British schools.

I have given these few practical hints on medical education as the result of observation and my deep convictions. On the subject of education generally, and the difficulties which beset the medical student in the outset of his career I will not venture to enter, it has been so admirably treated by my talented and esteemed colleague, Prof Byford, at the recent Introductory Lecture, that I can but echo his deductions. His apt illustrations proved incontestably that our attainments depend much on our own individual energies, and confirmed the truth of the old adage, "whatever man has done, man may do." I advise you to ponder deeply over the sound counsel then given, and determine each of you to profit by it, in vigorous resolutions faithfully carried out in spite of the many obstacles you may have to contend with.

This brings to my recollection an era in my own history: I had finished the ordinary curriculum of medical education necessary for the position of a general practitioner. One day I took a walk and found myself at the foot of Vauxhall Bridge, London, in a neighborhood which was at that time comparatively free from noise and bustle. I sat down on a large stone,

of which there were groups lying about for building purposes, and soon became buried in deep thought. The question presented to my mind for solution was one of the highest importance: it was no other than my future destiny. Shall I now commence general practice, or shall I prepare myself to take a creditable position in the profession? I determined on the latter course. It is said we act sometimes in the spirit of contrariety, and so I was judged for a long time, for my friends desired me to commence practice immediately. I had exhausted all my means, upwards of seven thousand dollars, and now, if I persisted staying in London I could hope but for little aid from home, my friends would gladly have assisted me in the early years of private practice, but spending longer time and money in study was considered by them as utter folly. I revolved over in my mind the necessary steps by which I could ultimately gain reputation, and the more I thought on the matter, the immensity of the difficulties which would beset me almost appalled me. I loved anatomy, and determined that I would make its study the basis of my future success.

I was unprotected by the friendly hand of any distinguished man, to watch over and push my interests, and when I contemplated the many great intellects which served me as models, towering up in such colossal grandeur, I thought it great presumption on my part for ever daring to attempt the task. Nevertheless, I set about the work in right earnest; I pledged my fine gold watch to raise money for dissecting materials, and obliged to earn my own living; every spare hour was consecrated to the one great object, the pursuit of anatomy, and thus it has gone on from days to weeks, from weeks to months, and from months to years; and though I many times bruised my shins against opposing rocks, which obliged me for the time to abandon the path, still I soon regained it, and urged onwards with ever-recurring ardour, and now I begin to feel I have made some progress towards the summit of my ambition. Though the mountain top is yet clouded, the vapor is thinner, and gradually unveiling, I think I descry the ultimate boundaries. Still there is much to accomplish, and I will not now abandon the effort; I feel it to be the one great object with

which my life is identified, and to which I will consecrate my best energies; if I fail, I shall have at least the satisfaction that my labors were creditable.

My attention has been drawn to an article by Prof. Brainard in the *Chicago Medical Journal*, for this month, entitled "Notes relating to the extirpation of the Parotid Gland." It contains remarks which I cannot allow to pass unnoticed. As to the arguments and so-called facts brought forward, I shall take an early opportunity to prove their entire fallacy, and though I cannot raise my voice, rest assured, gentlemen, I will not fail to wield my pen with vigorous effort, and from a quarter where evidence and materials will not be wanting to aid me.

Though scarce a notice is made of me in the article alluded to, it is worthy of comment that it appears eight months after the criticism, when it was perhaps fondly hoped "la diable" was out of harm's way; but you may depend that once having entered on a discussion, it is a matter of difficulty to beat me, for I never engage on a subject unless I am deeply convinced, from undeniable proofs, that I have truth on my side.

Prof. B. tries to get up a cry of persecution, and insinuates that the Faculty of this University are trying to hunt him down. This, I believe, to say the least of it, to be a greivous error under which he is laboring, and is far from the truth. I know well that I had a difficulty at the time with my colleagues on the propriety of this attack, and was remonstrated with; I am not discreet, never was, or care to be, so long as I am sustained by weighty and sensible reasons. I claim for myself independent action, and entered on the discussion entirely on my own responsibility. I must here solemnly protest, in justice to my colleagues, against the assertion of Prof. Brainard, that the Faculty are determined to make war on him, or that they had any connection whatever with my critical lecture. It is the feeling, perhaps, that the cap fits well on the other side, which has given birth to such an absurdity. These petty jealousies and rivalries are the failings, and, to a certain extent, the appendage of humanity, which ought to be kept within bounds, or they will prove an endless source of misery to the

individual who displays such a weakness. For my own part, I feel none towards Prof. Brainard or his colleagues; I should extend to them the same cordial feeling I do towards my own associates, if I had been permitted. True science is cosmopolitan, and merit is recognised wherever it is found by the votary of science however humble he may be. I stand up here to proclaim to you that in my opinion Prof. Brainard is infinitely superior to the great bulk of men around him, and his attainments are of a creditable nature. In justice he deserves commendation for what he has done in surgery; yet truth must be upheld, if he promulgates errors which are in opposition to the teachings of anatomy and the experience of those eminent professors who have so strenuously denounced them, whose brilliant talents I revere, from having so often listened with great profit from their own lips, and to whom I am indebted for much of the little knowledge I possess.

I will now briefly enter on the reasons which called forth on my part a strong protest and exposure of the article written by Prof. Brainard, "on the extirpation of the Parotid Gland!" I had previously taught the impropriety of this operation on the ground of its difficulty; but I never spoke of its utter impossibility. In this opinion I am supported by the highest anatomical authorities, whose unqualified testimony cannot be questioned.

I knew the opinion of the three most celebrated operating surgeons of modern times, compared to whom Prof. Brainard is a little child not yet emerged from his swaddling clothes, who affirm most positively and unequivocally that they have never extirpated the parotid gland, or seen any disease thereof, the so-called diseases were really enlargement or degeneration of the lymphatic glands in that region, and the operations performed were wrongly construed.

In his late article he brings forward ninety cases of the parotid extirpation, "a-la Brainard," and yet three of the greatest surgeons *have never seen one*.

I like the style of my old teacher, Prof. Fergusson, who begins his remarks on the subject by putting down these exploded errors in terse terms,—“Twenty years ago,” says he, “it was

the custom to speak of extirpation of the parotid," &c., &c. And here comes an important duty—it is that of being his champion when his authority is ignored on a subject on which he has spoken out so positively. I should smile at the derisive sneers of the whole medical men of Chicago, even if every one estimated me as an ignorant fool, so long as I feel that I have the confidence of yourselves and my colleagues to sustain me. I feel assured that you would be as so many valient hearts to defend me right manfully from the machinations of the libeller.

Not one argument which I brought forward has been fairly met by Prof. Brainard, and as to his assertion that any practitioner can detect me in a "gross error," I have only to say, gentlemen, wait a little longer.

On referring back to the experience of last winter, there was much to gratify me and counterbalance the many discouraging circumstances under which I labored. We got up quite a respectable amount of enthusiasm and work on anatomy; many nights of the week found you, my dear fellows, trudging for miles in some cases, in spite of frost and snow, wind and rain, to my rooms or the college. We had glorious times, a kind of anatomical jubilees that made me forget when amongst you, the sorrows which lay so heavily on my heart. Yes, my old pupils, I shall always have pleasant reminiscences of my past career in Chicago, when I associate it with your attention and respectful homage.

I have fallen crippled, but I feel assured by your testimonial this day that I have not fallen ingloriously; I hope soon again to regain my feet, and mount slowly the hill of science. My worthy and revered colleague, Prof. Hollister, who is already so favorably known to you, has succeeded me, and I feel great pleasure in bearing my humble testimony to his energy and ability, and which are so gracefully combined with the principles which make the true gentleman and christain. In his hands I resign the trust, confident that he will ably lead you on; and I hope I may live to see the day when this institution will have attained a high degree of reputation. I feel myself

identified with it, all my hopes in life have been centered here, and I shall ever entertain a lively interest in its progress.

Wherever you may be, rest assured I will not forget the individual members of the little band whom I had the pleasure to direct, and who cheered and animated me by their kindness and devotion. My dear old pupils, I will cherish your memories.

And now I come to the last sad task, to bid you, one and all, affectionately, Farewell.

CASES IN PRACTICE.

By F. K. BAILEY, M. D., JOLIET, ILLINOIS.

Hemorrhage from the Mouth Occuring Periodically.

CASE 1. Was called Wednesday, 17th, 1851, to visit C. K. æt. 27, large and robust; habits active. About the first of the month he began to feel soreness and stiffness in the region of the lower jaw of the left side, attended with pain in the back tooth. At first he paid but little attention to it, except the application of simple remedies to allay the uneasiness. Within a few days, however, there commenced a slight hemorrhage from the mouth, continuing with occasional interruptions, until I saw him, when it had become profuse.

I found him pale and feeble, but otherwise the functions were in a normal condition. The flow of blood had ceased before my arrival, and his mouth was stuffed with cotton, which I did not remove, for fear of breaking up the coagulum which had formed. I left him with directions to recall me if the blood should start again. The bleeding commenced again in a few hours, and continued till fainting resulted, when it again stopped, but I was not notified.

On Friday morning the 19th, I called and found there had been no hemorrhage since the fainting on the previous day. At this time I cleared his month of coagulum, and endeavored to find the orifice from which so much blood had escaped, but without success. I then left with special directions to call

me should a recurrence take place. In the evening about eleven o'clock, I was summoned, and found the vital fluid running freely from his mouth. On examination found a strong pulsating point upon the ridge of the jaw immediately back of the tooth that had ached, and from this point the blood flowed per saltem at each beat of the heart. I extracted the tooth and the bleeding ceased immediately.

Saturday morning, 20th. Called and found the bleeding had not returned. Touched the point whence the blood had escaped, with a hot wire.

Sunday morning, 21st. Called and found there had been no return of hemorrhage. Left him with directions to be kept very quiet, and to have nourishing food.

Monday morning, 22d. Found the hemorrhage had returned at eleven the night previous, and continued through the night.

Suspecting periodicity, I prescribed sulphate quinine in three grain doses, to be given every two hours. Called at five in the evening, and found no return of the bleeding. Distinct pulsation at the affected spot. Applied the cauter, and directed sinapisms to be applied at the feet at nine o'clock, and that he should be kept warm and very quiet.

Tuesday morning, 23d. Called and found there had been no bleeding through the night. Patient refreshed by a good night's rest, the first he had enjoyed for a week. On examining the mouth, found the pulsation very distinct, the integuments upon the part affected being lifted up at each pulsation. Quinine in same dose every three hours through the day. At six o'clock in the evening found him comfortable, and directed sinapisms as before, and gave an anodyne. Applied the cauter.

Wednesday morning, 24th. No more hemorrhage, but the pulsation still continues.

From this time there was a rapid improvement, and with the use of tonic remedies, his health was soon restored. At the time of the first appearance of the hemorrhage, there was no periodicity observed. It would occur at all times of the

twenty-four hours, and continue but a short time, and in a slight degree.

For ten days the amount was so small that he kept about his business on the farm. It was not until after he had become considerably debilitated, that the hemorrhage occurred at stated periods, and until it returned the second time at eleven P. M. I had not thought of the case as one requiring antiperiodic treatment. The patient could in no way account for the first escape of blood, and there was nothing in the subsequent history of the case, to throw any light upon the matter.

I did not consider that the cauterization had much, if any influence in stopping the bleeding, for the moisture of the mouth removed the eschar very soon after the first application. After getting the system under the influence of quinine, the escape of blood ceased, although there was determination to the spot, as indicated by the pulsation. I applied the cauterization more at the solicitation of the family, than from any idea that it would prove effectual. Such an application was certainly a rational one, but in spite of it, the hemorrhage had come on after it was employed, and it was not until the patient was fully under the influence of quinine, that the bleeding was permanently arrested.

Hæmoptysis Occurring Periodically.

CASE 2.—Was called in the night, about the 15th October, 1848, to visit Mrs. D—, of middle age, and the mother of several children; constitution enfeebled by previous sickness, and of a scrofulous diathesis. The family lived five miles distant, and on my arrival I found that about midnight she had an attack of bleeding from the lungs. The hemorrhage had ceased, but she was extremely exhausted; the pulse very feeble and slow; countenance pale and haggard, and the extremities cold. She complained of pain in the left side about the lower edge of the mamma. There was some cough, with difficult expectoration. Had had cough and pain in the left side for some years, attended with muco-purulent expectoration. Menstruation had occurred one week previous to this attack. Dullness on percussion, with absence of respiratory

murmur, indicated quite extensive disease of the left lung. Never had attack of bleeding before, or at least not to excite attention, as the blood had previously been mixed with the sputa.

By the employment of the proper means, she soon recovered from the condition of collapse in which I found her, and became warm. Left an infusion of *serpentaria virginiana*, to which was added muriate of ammonia, with a small amount of *digitalis* and *epecac* as an expectorant, with anodynes to be given as might be required. In three or four days she was able to sit up, and was soon about the house as usual.

In precisely four weeks from the time of her first attack, she had another, the symptoms being the same.

From this she gradually recovered. Anticipating a third attack after the same interval, I advised that she should be brought to the house of a friend near my own, that I might see her without delay in the event of another paroxysm. The attendants were also directed on the first approach of unfavorable symptoms, to place her feet in warm water, and to apply cloths wet in cold water to the chest and head.

As was anticipated, the symptoms of a third attack made their appearance after the expiration of four weeks as before. Instead of being in the night, as at the previous periods, she began to complain at four o'clock in the afternoon, thus anticipating about eight hours. I saw her in a few minutes, and found her complaining of a sense of fullness and pressure in the chest and head, with coldness of the hands and feet. In other words the patient had a *chill*. No hemorrhage from the lungs occurred.

Her feet were in warm water when I called, and I immediately commenced pouring cold water upon the head, while cold compresses were placed upon the chest. Five grains *stil.* quinine with one grain piperine, were given at once, with a little brandy and water. In a short time there was complete reaction; but without much increased arterial action. Perspiration soon commenced, and she became comfortable. I then prescribed *sul.* quinine in doses of five grains, combined with an aromatic, to be given every four hours, for thirty-six hours.

From this time my patient began to improve, and by observing a similar precaution at the expiration of another four weeks, she escaped entirely anything like unpleasant feelings in the chest.

From that time to the present, I am not aware that she has had any hemorrhage from the lungs, but has continued feeble, and will undoubtedly sink sooner or later from pulmonary disease. I could not decide at the time whether the fact of recurrence once in four weeks was influenced by menstruation, or by the well known law, known to obtain in miasmatic diseases, of recurring at intervals of seven days, or an even number of sevens, or weeks, being four in this instance. Whatever may be true, however, the facts as they did occur are worthy of record.

Chorea as an attendant upon Rheumatism.

CASE 1.—In June, 1858, I was called to visit a young lady æt. 17, and found her suffering from a severe attack of sub-acute rheumatism, involving the right foot and ankle. There was febrile excitement, frequent pulse, coated tongue, and great restlessness.

The remedies employed were opium and blue pill, to be followed with a laxative. Cloths wet with cold water were applied to the inflamed part. After the action of the laxative, a teaspoonful of the following mixture was directed to be given every four hours.

R. Syr. Sarsa. Comp., ʒ ij.
Iodide Potassium, 3 iss.

Alternated with the above were given two grains sul. quinine and six of Dover's powders. In four or five days the patient was able to sit up, and walk about the room. The local affection was nearly removed, and a rapid recovery anticipated. A slight relapse occurred, however, in about a week from the time of the first attack, when both feet became affected.

A continuance of the remedies first employed, but in increased doses, seemed to affect the local affection immediately; but there were indications of a cardiac complication. There was

pain in the region of the heart, and severe palpitation. Full doses of opium soon allayed the pain, and to quiet the action of the heart. A mixture of equal quantities of fluid extract valerian and spts. nitr. dulc. was given freely.

After recovering partially from the last mentioned train of symptoms, it was noticed as she sat in a chair, that one foot would move convulsively. In a few hours the whole lower limb became so much affected as to render walking very difficult. The next day the muscles of the same side of the face became involved, and a severe case of chorea was apprehended. Believing that these morbid appearances were the result of debility and general irritability of the system consequent upon the rheumatic attack, I prescribed the following mixture:

R. Fluid ext. valerian,	}	℥j. ss.
" " act. racemosa		
Syr. iodide ferri,		℥ ss.
Sulphate quinine,		℥j.

To be taken in doses of a teaspoonful three times daily. The convulsive movements soon began to disappear, but continued to be apparent after she was able to walk about the city. As soon as her strength would permit, she went to Wisconsin, but continued to take the mixture in smaller doses for some time.

After an absence of two months she returned with her health restored. Not the slightest appearance of chorea has been seen up to the present time.

Case 2.—In^d July last, I was called to prescribe for a little girl aged eight years, and found her with some pain in the right foot and ankle, attended with considerable redness and swelling. In May or June she had rheumatism of the sternocleidomastoideus muscle, rendering her neck inflexible for about three weeks. No other treatment was employed but such external applications as the parents made of their own suggestion. At the time I was called there was a strongly marked rheumatic diathesis, with an enfeebled constitution. The case was treated with iod. potassium and sul. quinine, in free doses, and no local applications except lotions of cold water if the heat was excessive. In about eight days the local

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Iodide Potassium, ʒ iss.

Alternated with the above were given two grains sul. quinine and six of Dover's powders. In four or five days the patient was able to sit up, and walk about the room. The local affection was nearly removed, and a rapid recovery anticipated. A slight relapse occurred, however, in about a week from the time of the first attack, when both feet became affected.

A continuance of the remedies first employed, but in increased doses, seemed to affect the local affection immediately; but there were indications of a cardiac complication. There was

pain in the region of the heart, and severe palpitation. Full doses of opium soon allayed the pain, and to quiet the action of the heart. A mixture of equal quantities of fluid extract valerian and spts. nitr. dulc. was given freely.

After recovering partially from the last mentioned train of symptoms, it was noticed as she sat in a chair, that one foot would move convulsively. In a few hours the whole lower limb became so much affected as to render walking very difficult. The next day the muscles of the same side of the face became involved, and a severe case of chorea was apprehended. Believing that these morbid appearances were the result of debility and general irritability of the system consequent upon the rheumatic attack, I prescribed the following mixture:

R.	Fluid ext. valerian,	}	℥j. ss.
	“ “ act. racemosa		
	Syr. iodide ferri,		℥ ss.
	Sulphate quinine,		℥j.

To be taken in doses of a teaspoonful three times daily. The convulsive movements soon began to disappear, but continued to be apparent after she was able to walk about the city. As soon as her strength would permit, she went to Wisconsin, but continued to take the mixture in smaller doses for some time.

After an absence of two months she returned with her health restored. Not the slightest appearance of chorea has been seen up to the present time.

Case 2.—In July last, I was called to prescribe for a little girl aged eight years, and found her with some pain in the right foot and ankle, attended with considerable redness and swelling. In May or June she had rheumatism of the sternocleido-mastoideus muscle, rendering her neck inflexible for about three weeks. No other treatment was employed but such external applications as the parents made of their own suggestion. At the time I was called there was a strongly marked rheumatic diathesis, with an enfeebled constitution. The case was treated with iod. potassium and sul. quinine, in free doses, and no local applications except lotions of cold water if the heat was excessive. In about eight days the local

affection which in the mean time had involved both limbs to the knees, suddenly disappeared, and she began to complain of severe pain in the pit of the stomach, with a palpitation so severe as to render it almost impossible to breathe. It was necessary to hold her in an upright position, for it was suffocation to be down. The pulse was 120 in a minute; the extremities cold; and the face and lips livid. The bellows murmur was very distinct, and endo-carditis seemed to be undoubtedly present.

I prescribed calomel and opium with sul. quinine in doses of one-third of a grain of the two former, with one grain of the latter every four hours, alternated with valerian and chlorate potassa. In about a month the violence of the symptoms was abated; the color returned to the face and lips; the palpitation became less, and she could lie down with partial ease.

Before the violence of these symptoms was lessened, however, unequivocal signs of chorea made their appearance. The right lower extremity was in constant motion, and it was extremely difficult for her to walk. The right arm also, was so much affected that she could not carry her hand to the mouth. The muscles of the feet were in constant motion, and the tongue so much involved, that she could scarcely articulate so as to be understood. This state of things continued for two or three weeks; but gradually as the little patient improved in strength, the affected muscles became completely under the control of the will. Subsequently, however, the cardiac symptoms became more severe, and failing slowly, she died on the 24th of September, without the least return of the choreic symptoms.

I find that Prof. Wood states that among other causes, chorea may result from translated rheumatism. In *Braithwaite* for Jan., 1854, Dr. Barclay, in speaking of a case of chorea, says: "She had had no rheumatism and the heart was healthy." Dr. Babington, in part 5th of *Braithwaite*, speaks of chorea arising metastasis of rheumatism to the theca of the spinal chord. Dr. Begbie, in part 15 of the same journal, speaks of chorea in connection with rheumatism. Also Dr. Chambers, mentions chorea with co-existent heart disease. Dr. Golding Bird mentions a case which supervened upon rheumatism. Dr.

Hughes, in Guy's Hospital reports for 1845, says: "Next to fright, rheumatism may be regarded among the most common causes of chorea." Dr. R. B. Todd, in *Med. Times and Gazette* for July, 1852, speaks of a case where symptoms of chorea supervened upon rheumatic fever.

During a practice of nearly a quarter of a century, I do not recollect having seen chorea supervening upon rheumatism, until case 1st came to my notice. In the cases mentioned, the choreic appearances did not appear until the heart became affected; and it would appear that such a phenomenon would not manifest itself except in metastasis. In both cases the chorea disappeared as the patient gained in strength, and in the second did not return, when the case assumed a fatal character. Other practitioners may have observed like cases; but if so, few have reported them, and the novelty, so far as my own observation is concerned, has induced me to send the above for publication.

CASES IN OBSTETRICAL PRACTICE.

BY B. WOODWARD, M. D., GALESBURG, ILL.

Placenta Prævia and Post Partem Hemorrhage.

CASE 1st.—Sept 23rd, 1860.—This morning, as Mrs. ———, near the close of her second pregnancy, was walking across her room, she was taken with a very slight pain, and a gush of blood per vaginam. Thought she had lost more than a pint of blood. Complained of pain in her head—she was not flooding when I found her—pulse 110; os not dilated. Ordered her to take 4 drops of verat. vir. every three hours till the pulse came down, which it did to 70, soon after taking the third dose; and to keep the recumbent posture. Through the day there was very slight oozing of blood, but no labor pains. The next day there was return of hemorrhage; she lost, as near as we could judge, $\frac{1}{2}$ pint of blood. Os was now dilated, so that I could just introduce the point of my finger, and found placenta presenting. There were for 5 days slight

discharges of blood, during which time I did not leave her for more than two hours at a time. The pulse was kept from rising above 70 by the occasional use of veratrum. On the morning of the 29th, about 8 o'clock, she had a severe pain; os dilating, (could feel the placenta covering the os,) and with the same pain a gush of blood and rupture of the membranes; placenta cleared itself from the left side of the os, the head of child pressed firmly down against the os; thus completely controlling the bleeding vessels. All this was with the first pain, and was the work of certainly not more than a minute. The labor went on naturally, and a few minutes before 10, A. M., she was delivered of a fine boy. The placenta was expelled naturally; and the uterus contracted firmly. I did not leave her for more than two hours, during which time she was cheerful and comfortable; had several after pains. Just before I left her I placed my hand on the abdomen, and found the uterus well contracted. In about an hour I was sent for, as she was thought to be flooding to death. I found her pale and pulseless; the abdomen as large as before delivery. Gave her immediately 3j. of pulv. ergot, and raised the foot of the bed 18 inches above the floor, taking the pillows from under her head. The os was filled with a firm clot,—with one hand I turned this out, and with the other grasped the abdomen. There was a torrent of blood poured out, but the uterus did not contract. With my hand inserted into the vagina and three fingers in the os, I formed a tampon; cold water was poured on the abdomen; but no contraction took place. My friend Dr. Herd was in the next house, and I sent for him. He made firm pressure on the abdominal aorta, and with his hand and the use of ice, endeavored to make the uterus contract, which after a few minutes it did: but only to relax again. She now took another drachm of ergot. Several times in succession the uterus would contract and then relax for the space of near an hour, when it contracted firmly and permanently. There was no portion of placenta or membranes within the os; but it seemed as if a clot had formed there prior to the first relaxation of the uterus. I did not remove my hand from the vagina till the last firm contraction, and she was safe, though

very low from the loss of blood. The point of interest in my own mind is,—what produced this peculiar condition of the uterus—was it from the veratrum which she had taken previous to her labor? If so, why did we not see its effects in arresting uterine contractions at first? The object I had in view in giving the veratrum was twofold—first from the pain in the head, and the rapidity of the pulse, I feared convulsions, as I had just passed through the case reported; and second, I thought by holding the circulation in check, to control somewhat the unavoidable hemorrhage when she came to labor.

Puerperal Convulsions.—Post Partem.

CASE 2ND.—Called at 5, P. M., Sept. 16th, to see Mrs. —, a primipara. She had been delivered by a midwife at 10, A. M., the same day. I learned that before her delivery she had complained of severe head-ache and sense of heat in her head. Her husband at this time noticed that her pupils were much dilated, and that she had a wild, staring look, and called the attention of the midwife to it. She said "all was right;" but put her in a warm bath and bathed the top of her head with "Perry Davis' Pain Killer"—better call it "Woman Killer!" During the labor she was put under the influence of chloroform. I could not learn that there was anything peculiar about the labor. The pain in the head continued after labor, and about noon the midwife gave her a teaspoonful of the "pain killer" in a little water. In about five minutes she had a convulsion. As soon as she could swallow she was made to drink warm water. She soon vomited, and had another convulsion. When I arrived she had had five, and before I had time more than to look at her, she had another. I took from her arm 24 oz. of blood; the pulse softened down, and the comatose state did not last more than ten minutes. Gave her 15 grs. of calomel, and in an hour two table-spoonfuls of castor oil. She had no more paroxysms for three hours, when she had two in rapid succession. Bowels moved slightly; repeated the oil in two hours. She now had a convulsion. Opened the vein and took 20 oz. more of blood. She nearly fainted, and in a short time had two copious dejections. She had no more convulsions, but in less than three hours from the last she became furiously

delirious, requiring to be held upon the bed. This was combated by full doses of tr. veratrum viride and fluid extract valerian. In three hours she became calm, and slept for some hours. It was 48 hours before she became conscious even that she had been delivered, and did not recollect anything that transpired for three hours prior to the labor, though her attendants had supposed her to be perfectly rational. For several days there was much muscular soreness all over the body, and great tenderness of the abdomen, which was allayed by stupes of turpentine and laudanum. The urine was not tested for albumen.

In this case there was doubtless a strong tendency to convulsions, as evidenced by the severe and persistent headache. Had this been met at the outset by a free bleeding, there is little doubt the event would have been averted. As it was, through the ignorance and rashness of the midwife in bathing the head with, and exhibiting by the mouth, the powerful stimulant—it was hastened to a crisis. For two weeks prior to her confinement she had been daily subjected by the midwife to the use of an electro-galvanic machine, on the plea, that it would render her labor more easy. Her nervous system was strung up to the highest degree of tension, and she had been kept posted on the dangers of labor, and the untoward results which often took place. The arguments made use of to secure the valuable (?) services of the midwife, were, "that doctors were rash, and would be likely to use instruments," and that "it was very indecent for a young woman to have a man in attendance upon her."

Retroversion of Uterus.

CASE 3rd.—Called near midnight, Sept. 1st, to see Mrs. McC.—, Irish, mother of two children. Is now as she thinks in the tenth week of gestation. Two days previously, while hard at work, she "felt something wrong in her belly, and could not make water." Not knowing what was the matter, she commenced drinking herb tea, which she continued till the time of my visit. I found her screaming with pain—abdomen as large as at term—the bladder rising above umbilicus.

Vaginal Examination.—Found the vagina filled with a large tumor, and presenting beyond the vulva. Convinced that this was the retroverted womb, I tried first to introduce a catheter to relieve the bladder, but though the meatus was entered, the pressure on the urethra was so great that it was only by introducing my finger as high as possible, and endeavoring to press the womb back, that after long efforts I succeeded, and brought away six quarts of water by measure, to her infinite relief. Though I could now insert my finger high up, I could not reach the cervex or os. Putting her in position, I introduced two fingers of the left hand into the rectum, and lifting the womb, while I made steady pressure with my right hand; after some time succeeded in raising the womb as high as the sacral promontory, and the vagina being very capacious, passed up my whole hand till the uterus was fully replaced. In a few minutes she had a fine movement of the bowels. Ordered her to keep her bed for a day or two, and left her. She soon felt as well as ever.

A CASE OF MENINGIAL APOPLEXY;

POST-MORTEM APPEARANCES.

Reported by Dr. HENRY Lyster, Brooklyn, Michigan.

At Springville, Lenewee Co., Mich., Oct. 23rd, at 4 P. M., 1860. Mr. F. Greenall, aged about forty years, a native of England, a robust looking farmer, six feet high, and weighing about one hundred and seventy pounds, was seen to fall immediately after having received one or two severe blows, from the fist of another strong man. The ground was apparently even in this place where the occurrence happened. After falling he was seen from a distance of two or three rods to move only once, and that was in the act of passing his hands over his face. For twenty minutes, the time he remained out upon the ground, he was noticed occasionally from a distance, but was not seen to move. He was then taken into a house by a couple of men, and placed on a chair. Finding

that he could not sit up, they laid him on the floor, with a stick of wood, covered by a robe, under his head, and he remained in that position for twenty-four hours. During all this time he did not speak, and appeared to be entirely insensible. Occasionally various methods were adopted to rouse him during the day, but all without the least effect. The people in the house said they supposed that his condition was chiefly owing to having taken too much spiritous liquor; though most of the facts in the case were well known to them. The testimony before the coroner's jury, showed that only three or four glasses of beer had been taken by Mr. Greenall, and those just previous to the affray.

Twenty-four hours after the reception of the injuries, a physician was summoned. The pulse was found to beat forty per minute, the respiration was ten or twelve, pupils slightly contracted, complete anesthesia, with a decided perceptible difference between the temperature of the right and left side; the right being the coldest, though the legs were both cold. The head was not cold, and the cheeks puffed and collapsed, as the air was inspired or expired from the lungs. Stimulants were immediately resorted to externally, with effect; those given by the mouth, not being swallowed but choking the patient. The pulse in the course of three hours, arose to one hundred and twenty, when he was bled to the amount of lbj. from a large vein; the blood being very dark, and flowing slowly. In the course of a few minutes the pulse came down to eighty-five, and the body became warmer, and covered by a moist adherent perspiration; but heat could not be imparted to the right side from the neck to the foot. The pulse soon arose to one hundred and fifty, weak, soft and fluttering. The sphincter was relaxed while in this insensible state and feces were passed. He continued in this condition, the respiration becoming more and more labored, until death; which occurred twelve hours after he was seen by the physician, and thirty-six hours after the injury.

The post-mortem examination was made twelve hours after death, by Dr. Sherwood, the attending physician, Dr. Crowell, and myself.

From the testimony given before the jury, a blow was supposed to have been given in the epigastric region, and another about the angle of the lower jaw. We therefore commenced the investigation by laying back the abdominal parietes. No traces of inflammation or other morbid changes were discovered; all the viscera appearing normal; the bladder filled; the intestines were somewhat distended with gas and very pale; the stomach containing a very little gas, not sufficient to inflate it; together with a few drops of a dark greenish looking fluid, which appeared to be blood acted upon by the gastric juice. The liver was healthy; and the gall bladder appeared full. Upon laying back the sternum, and cutting through the pericardium, two or three ounces of serous fluid escaped. The heart appeared normal, though the *columnæ carneæ* were more than usually developed, in both ventricles. The smooth pleural surface of the lungs seemed to have been entirely obliterated by a previous inflammation, in which adhesions were formed from the apex to the lower part of the lower lobes. So numerous and firm were they, that considerable difficulty was experienced in detaching them. The lobes were all united to each other at their edges; and though the intra-lobar surfaces preserved their characteristic nature, all gliding movement was entirely prevented. The lung tissue appeared healthy, with the exception of the lower portion of the lower lobes of both sides, which were congested, and only partially permeable to air, and were easily broken down.

We next proceed to the brain, which, from the pathology of the case, we expected would reveal the immediate cause of the fatal result; and it would have received earlier attention had it not been necessary from the evidence submitted, to make a thorough examination of the region of the stomach.

Upon removing the calvarium, extravasated blood coagulated into a firm dark clot, was found between the skull and the dura mater, anterior, superior, and lateral, to the anterior half of the right hemisphere of the brain. The extravasated blood had pressed, in almost an antero-posterior line, the dura mater, (viewing it superiorly), from the center of the right anterior fossa of the frontal bone, to the lambdoidal suture on the same

side. On the base of the skull the dura mater was separated from its adhesions to the temporal bone, as far as the foramen spinosum. The clot of extravasated blood was now scraped off from the membrane, and was found to weigh *one pound eight and a half ounces* (avoirdupois). A stellated fracture, situated at about the middle of the squamous portion of the temporal bone, was now discovered. None of the bone was detached or depressed. From the point of fracture radiated six separate fractures: one extending to the foramen spinosum, two inches in length; probably rupturing the middle meningeal artery, as it left the foramen. Another fracture, about one inch and one-half in length, down the curved sinus in the squamous portion of the temporal bone. Another, extending anteriorly toward the frontal, and then superiorly into the parietal bone, was about four and one half inches in length. Another, two and one-half inches in length, extended directly to the parietal bone. Two others, about one-third of an inch in length, extended the one posteriorly, and the other inferiorly. The longest fracture, pursuing a circuitous route from the lower anterior portion of the parietal bone, though the point of contact to the foramen spinosum was about six inches and one-half in length. The point of rupture in the blood vessels from the condition of the parts, was unfortunately not detected; but from the position of the extravasated blood upon the base of the skull, and from the fracture extending to the foramen spinosum, it was our opinion that the middle meningeal artery had been ruptured. The weight of the extravasated blood was equal to half the average weight of the adult brain in the male; but in this instance the brain must have been several ounces above the average, as the skull seemed quite large. The right hemisphere must have been pressed and crowded into one-half its bulk, not estimating the lateral displacement caused by the pressure indirectly extending to the other hemisphere. The lateral ventricle of the compressed side was filled with serum, mingled with blood in a fluid state; that upon the left side was partially filled with the same fluid, less highly colored with blood. The other ventricles were not examined. The brain substance did not seem abnormal in appearance, or at all congested or infiltrated with blood.

In the case here as concisely described as I was able, considering the number of facts necessary to relate in order to give a clear and full impression of its character, the unusual amount of blood extravasated upon the dura mater, the great displacement of the anterior half of the right hemisphere, (which I think may be truly said, was pressed posteriorly and laterally into the rest of the brain substance;) and the great length of time, considering these two circumstances, after sustaining the injury till the fatal result, render it one possessing no little interest. From the history of the case, it would be supposed that there was at first great concussion of the brain before the extravasation had become sufficient to induce much pressure. Had this not been the case, would not the apoplectic symptoms have come on more slowly?

The chief point of interest in the case seems to be the amount of exhaustion. Sir Astley Cooper, in his lecture on Compression of the Brain, says: "In the specimen on the table before us, *three ounces, the largest quantity I have seen*, was effused under the dura mater." Dr. Abercrombie gives, as a large quantity, (in the cases which he has brought in, to illustrate his work upon Diseases of the Brain,) four and five ounces. M. Chevalier took three or four ounces from under the dura mater beneath the fontanelle, from a child eighteen months old. Abernethy relates a case in which eight or nine ounces were abstracted from beneath the dura mater in an adult. Among the few authors cited, these being the only ones that I have the privilege of consulting at the present time, I find no instance mentioned where the quantity extravasated exceeded nine ounces. These were, however, all *under* the dura mater; no exact quantity being given in those cases when it was *upon* the dura mater. The great displacement and necessary pressure caused by a foreign body, as it were, occupying nearly one-fourth of the cranial vault, would seem sufficient to cause a more suddenly fatal issue than in reality took place; although we admit that the direct pressure of the clot was not made upon any tract of brain substance giving origin to nerves necessary to vital action.

Two interesting queries have arisen in regard to this point, viz.: Was the apoplexy due to a concussion of the brain, un-

til the pulse, (twenty-eight hours after the injury), began to raise; and was the amount of extravasation small until this period and then increased in another? Or was the blood extravasated to the amount discovered at the time of or immediately after sustaining the fracture?

INVERSION OF THE UTERUS.

Case reported to the Chicago Medical Society,

BY IRA HATCH, M. D.

(Published by Request.)

Mrs. L. H—, of Downer's Grove, Dupage Co., was taken in labor with her second child Sept. 16th, 1860. Dr. Brown, of Danby Station, a physician of intelligence and experience, was in attendance. He says that the labor progressed slowly but favorably. The presentation was natural, and everything promised a favorable termination; although the pains were short and light, and the contractions of the uterus were feeble, still owing to the relaxed condition of the parts, the head of the child continued to advance. During an examination, the membranes were ruptured, and immediately a strong and continued pain came on which expelled the child with great force. Considerable hemorrhage flowed, and some time elapsed before any contraction of the uterus took place. Frictions to the abdomen, and the usual means for exciting contraction were resorted to, but no efforts were made, such as pulling at the cord to remove the placenta. While the Doctor was quietly waiting, suddenly, without the least warning the patient was seized with a violent throe, and instantly almost the uterus with the placenta attached to the fundus was expelled, being completely inverted. This was succeeded by profuse flooding and fainting fits rapidly following each other. The Doctor quickly detached the placenta and deposited the uterus in the vagina, after which the flowing in a great measure ceased. Great exhaustion continued for several hours. This precluded all efforts at re-inversion at this time. She

rallied slowly under the use of opium and stimulants, and continued to gain strength until the 18th, three days after the accident, when I saw her.

I found her pale and feeble, with a frequent pulse, but quiet, comfortable and cheerful. There was no pain or hemorrhage, and it was thought that she would bear the operation of replacing the uterus. On examination I found it occupying the entire vagina, the fundus presenting just within the vulva. It seemed to have no disposition to descend any lower after it was placed there. By following with the finger the *cul de sac* formed by the union of the vagina and uterus, I could trace the neck entirely around. Not a trace of the os tincae could be found, showing most conclusively that the inversion was complete. The surface where the placenta had been attached was rough, and had a feeling similar to the corresponding portion of the placenta, and was not very sensitive. But the remaining portion of the surface was smooth and very sensitive, particularly around the neck. There was a slight depression at the center of the fundus which may be taken as a diagnostic mark of an inverted uterus. This depression could be easily increased by pressing, giving a cup-like form to the fundus. Pressure at this point seemed to be borne well; and did not seem to excite the organ; while manipulation about the neck, or pressing upon the body, the neck would excite pain and bearing down. It was therefore agreed to attempt the reduction by unfolding the fundus and pushing its center up through the neck, and not by attempting to unfold from the neck. It gave great pain when the organ was grasped and pressed upwards, but far less when the fundus was indented and carried upwards. No attempt was made at this time to reduce the organ, as we were satisfied that it could not be done without the aid of some suitable instrument. For the os and neck were pretty well contracted by this time, and for the want of an instrument it was postponed till the next day, four days after the accident happened. As the patient was gaining strength every day we felt in no hurry. The instrument selected was a rectal bougie about an inch in diameter and twelve inches in length, sufficiently flexible to give the point

the right direction. The body of the womb was as large as the largest sized orange, and very firm and unyielding except at the center of the fundus.

It was resolved to push this up in the shape of a cone, and thus dilate the neck gradually, imitating the action of the membranes in natural labor.

It was resolved to persevere according to this plan alone until success was attained, providing the strength of the patient held out. She was placed upon her back with her hips elevated, and brought partially under the influence of chloroform.

The hand being introduced, firm pressure was made upon the center of the fundus with the ball of the thumb, until a cup-like depression was made, sufficient to hold the tube without slipping. The instrument was then passed up by the left hand, and the end was placed in the depression made by the thumb; and being grasped by the fingers, upward pressure was made simultaneously with the tube and the hand. It required a long time to dilate the neck sufficiently to let the tube and the tips of the fingers through the os uteri. As soon as this was accomplished, the tube was withdrawn and the hand was carried up boldly, until the organ was completely unfolded and contracted strongly around the hand.

The reduction being effected, a vulcanized caoutchouc bag was placed in the vagina, and distended, in order to prevent a return of the malady.

During the operation the patient lost but little blood, and although it was tedious and painful, she bore it with great fortitude, and was less exhausted than might have been expected. The after-pains were somewhat severe, but were soon quieted by anodynes, and she was as comfortable the next morning as she was before the operation. I saw her four days afterward, when she seemed to be improving without any unfavorable symptoms.

Nothing except the continued frequency of the pulse and the offensiveness of the lochia, excited the least apprehension of danger; and these were not so marked in their character as to excite alarm.

She bore her anodynes and tonics well. The stomach and bowels were quiet. She had some appetite for food, and was neither restless, feverish, or irritable. Her pulse was frequent, but as it was soft and regular, the frequency was attributed to the debility consequent upon the loss of blood. The secretion of milk had taken place, and she was able to take her child upon the arm and nourish it without any assistance. There was no peritoneal inflammation, and no fullness or tenderness of the abdomen. The uterus could be felt above the pubes and bore firm pressure without pain. There was no more tenderness of the parts than is usual after natural labor. She continued to improve until the 28th, when a dose of castor oil was given, as the bowels had not moved for five days. It operated actively; a diarrhœa set in, followed by vomiting. She sunk from exhaustion, and died October 1st, sixteen days after her confinement. She was considered convalescent by physician and friends, until the fatal diarrhœa set in. Whether the diarrhœa was the effect of the cathartic, or of some other latent cause, is not easy to determine. That her death was not occasioned by the reduction of the uterus, although the operation was difficult and painful, is evident from the whole history of the case.

This case assumes considerable importance from the fact that it furnishes another instance of *spontaneous inversion*. That it was not occasioned by pulling at the cord to deliver the placenta, we have the positive assertions of Dr. Brown, the attending physician, in whose skill, candor and truthfulness I have the utmost confidence. Much credit is due to him for the prompt manner in which he treated the case, as well as success of the operation of reinversion.

As it is a mooted point whether inversion of the uterus ever takes place spontaneously, no pains were spared in the investigation of the case. The bystanders were questioned on the subject. The mother and aunt of the young lady stood by the bed side at the time. They informed me that she lay perfectly quiet and free from pain. They were talking and laughing as usual on such occasions. Now, every experienced physician knows that pulling upon the cord while the placenta is adher-

ent, will occasion pain. But in this case the first warning was a loud cry from the patient, accompanied by a violent expulsive effort, and all was over. She had fainted. The doctor called for a light and found the uterus completely inverted with the placenta adhering to the fundus, lying between the thighs.

The *rapid termination* of the labor; the *relaxation* of the parts, and the attachment of the placenta to the *fundus*, were the predisposing causes of the inversion.

CORONER'S INVESTIGATION,—SUSPECTED POISONING.

CASE OF MARY E. ROSELL, OF BINGHAMTON, N. Y.

We copy the following from a reliable report in the Binghamton *Democrat*. The facts are worthy of record in several aspects. First, they show that the bi-chloride of mercury can be detected some time after death in the structures of the stomach and intestines, when no trace of it can be found in the contents of those organs. Second, they render it probable that the bi-chloride of mercury may be given in small and frequently repeated doses in a diluted state, and impregnate the tissues of the abdominal viscera sufficiently to preserve them from decomposition for a long time after death, and yet without leaving any traces of corrosive action on the mucous membrane. Third, they show to what absurdities the Homœopathic principle of "*similia similibus curanter*" will lead its votaries.

The two last physicians sworn, Brown and Hand, are well known Homœopathists. The one had regarded the deceased as having had "nursing sore mouth," and the other as having had "inflammation of the mucous membrane of all the cavities." Hence, both agreed that the disease consisted in an extremely tender and inflamed condition of the mouth, stomach, and intestines; and yet on the principle that, *like cures like*, both prescribed the most irritating preparations of mercury,

that are known to the profession, namely, the Iodide and the Bi-chloride or *Corrosive Sublimate*. The latter being given during the last two days of the patient's life. True Dr. Hand testifies that he "intended to administer about the four hundredth part of a grain at a dose." The post-mortem, however, shows that enough was given to impregnate all the tissues of the stomach and intestines. We have known a case in this city in which a prominent Homœopathic practitioner gave to a child a solution of Corosive Sublimate every day for more than a week, for the cure of dysentery complicated with ague; and another case in which another Homœopathist gave a solution of *arsenic*, to a delicate nursing infant with cholera infantum. Yet these are the class of doctors, of whom the community say "they certainly wont do any harm if they dont do any good":

Coroner Brigham, in accordance with the urgent request of many relatives of Mrs. Rosell, caused her remains to be exhumed on the 12th day of July last, and empaneled the following named jurors—Dr. E. G. Crafts, Dr. P. Brooks, W. A. Cole, A. G. Avery, Charles N. Fancher, Levi S. Hodge, and H. B. Ogden. The jury having inspected the body, reported to the Coroner their inability to determine the cause of death, and requested a *post-mortem* examination to be instituted. In conformity with this recommendation the Coroner employed and directed Dr. J. G. Orton to make the necessary *post-mortem* examination, and the jury were released subject to the call of the Coroner. On the 12th ult., the jury were summoned at the office of Dr. E. G. Crafts to take cognizance of the following testimony.

Dr. J. G. Orton, being duly sworn, deposes and says, that he resides in Binghamton, N. Y.; that he is a regular practitioner of medicine and practical chemist in that place; the deponent further says, that he was requested by E. W. Brigham, Coroner for the County of Broome, to make a *post-mortem* examination of the body of Mrs. Mary E. Rosell, on the 12th day of July last, between the hours of 9 and 12 o'clock A. M.; in accordance with his request, the Coroner employed Drs. E. G. Crafts and P. Brooks, as assistants in the *post-mortem* examination. The deponent further says: in consequence of the extensive general decomposition of the muscular tissue of the limbs (42 days having elapsed since death took place) it was impossible to determin whether *rigor mortis* had existed or not; the skull having been removed at its upper part,

exhibited the brain in a complete state of decomposition; no traces of disease nor its absence could be discovered; the thorax being opened presented the lungs and heart both in a fair state of preservation, the former of a dark slate color, mottled in patches in its external surface; the substance of the lungs upon after examination, exhibited all of the characteristic signs of healthy condition, being of a light, porous, spongy texture, floated in water, crepitated when handled, and were elastic; there were no evidence of organic disease whatever; the heart was found in its normal position, and in size measured $4\frac{1}{2}$ inches in length, $3\frac{1}{2}$ in the broadest part of its transverse diameter, and $2\frac{1}{2}$ inches in its antero-posterior; it weighed nearly nine ounces. Upon laying open the four cavities of the heart, the walls were found slightly thinner than natural, but nothing remarkably so; its structures was well preserved even to the *chordæ tendæ* and *columnæ carnæ*; the right or anterior ventricle was normal in capacity; the tricuspid valve, guarding the auriculo ventricular orifice, and the semi-lunar valves, that of the opening of the pulmonary artery, were entirely free from disease or evidences of former difficulty; the right auricle was in every respect normal in all of its parts; the left auricle was likewise in appearance; the left ventricle with its auriculo ventricular and aortic openings, guarded by the mitral and semi-lunar valves, exhibited no traces whatever of recent or remote disease; there were no pleural adhesions; the abdomen being laid open, exhibited the various viscera in a remarkable state of preservation; the peritoneum was characterized by its healthy appearance with no signs of recent inflammation; it was firmly connected with various portions of the abdomen by adhesions, evidently of long standing and not referable to any recent inflammation; these abnormal attachments were principally confined to the right and left lumbar regions, but extended up to the umbilical; its reflections or folds forming the greater and lesser omentum were not characterized by any peculiarities worthy of note, except that of normal proportions; the same is also true of the mesentery. The stomach and intestines with their contents, the lungs, heart, liver, womb, kidneys and bladder, after examination, with no apparent signs of disease, were placed in two new and carefully cleaned jars, covered and sealed with four seals, in the presence of the jury, and conveyed by the Coroner to my private laboratory, at my residence, corner of Henry and Canal streets, and placed under lock and seal, with a written direction from the Coroner to institute a thorough chemical analysis of the various parts, and to determine as medico legal evidence the presence or absence of poison.

The deponent further says: in accordance with the direction of the Coroner, I proceeded to examine the various parts of the body entrusted to my care; I found the liver of a redish brown color, mottled with spots of blue; it measured ten inches in breadth, six in length, two and a half in thickness, and weighed 2½ lbs. Upon carefully removing a portion of the peritoneal or outer covering of the organ, an innumerable number of minute granules were found adhering to the inner or proper tunic; these granules were white and of considerable hardness, so much so as to give a gritty feel when the scalpel was scraped over them; they were found in almost every part of the parenchymatous structure of the liver, wherever this membrane sends its processes; the hepatic duct was completely lined with them; examined under the microscope, they exhibited their true chrystalline character, namely, rhomboidal tables or plates, some of the angles were truncated; these granules were insoluble in cold water, but soluble in hot alcohol and ether, assumed a blood red color from the action of sulphuric acid; chemically examined, they proved to consist for the most part of cholesterine, fat globules and hippuric acid; the latter was soluble in cold alcohol, and deposited on evaporation beautiful crystals, some possessing a dentritic and plumose outline, while others were arranged like zeolites; minute needles mixed with four sided prisms acuminate at their ends were formed from a hot water solution; the kidneys, womb and bladder, were found in a healthy condition; the stomach was completely divided through its transverse diameter, and its contents consisting of a thick pasty substance of a bluish gray color, carefully removed for examination; the four coats of the stomach, namely, the serous or outer coat, the muscular cellular and mucous or inner coat, were perfectly preserved even to the minutest vessels and nerves; with the exception of a small portion of the mucous membrane at the lesser curvature of the organ, it was here of a darker hue, and separated upon scraping with the knife. The contents of the bowels were exceedingly slight, and found for the most part in the larger intestines; the coats of the intestines were also entirely preserved, not the slightest indications of decomposition were to be found upon close inspection.

(Dr. Orton here read to the Jury a complete history of the elaborate chemical analysis which he had made of the various portions of the body entrusted in his care, extending through a period of nearly three months, and the final results of the investigation were reported in the following concluding deposition.)

I found no traces whatever of the presence of mineral poison either in the fluid or solid contents of the stomach and bowels; I detected in every portion of the tissues of the stomach and intestines, the positive presence of the *bi chloride of mercury or corrosive sublimate*, and in quantity sufficient to account in my opinion for the remarkable state of preservation in which those parts of the body were found at the date of the post-mortem examination.

In concluding my report to this jury, I would call their attention to the following points for their special consideration.

1st. That this investigation has failed to establish as a cause of death, the presence of any organic disease of the important organs of the body.

2d. That the abnormal condition of the liver was of a peculiar nature, and undoubtedly indicative of derangement of the portal circulation, and the presence of these innumerable granules of cholesterine and hippuric acid beneath the peritoneal covering of the organ, and being the hepatic ducts, significant of the commencement at least, of that unfavorable diathesis, namely, a tendency to the formation of gall-stones.

3d. That mercurry in the form of corrosive sublimate has been found in every portion of the tissues of the stomach and intestines. This important fact will require at your hands the closest investigation. The absence of any signs of corrosion or ulceration in the stomach or intestines would indicate that it had been administered either in small and repeated doses or largely diluted. You will ascertain by the examination of the physicians who attended upon the diseased, whether corrosive sublimate or mercury in any form was administered as a medicine during her last illness, and also by the same witnesses and others, whether there were any symptoms manifested during her sickness or at the time of death which simulated poisoning by corrosive sublimate.

Dr. P. B. Brooks, being sworn, testified that he attended professionally upon Mrs. Rosell for a short time during the month of March last. Diagnosis, nursing sore mouth; administered quinine, decoction of peruvian bark, decoct. goldthread, sulphate of cinchonæ, chlorate of potash and borate of soda; no mercurials were given.

Mrs. L. Johnson, sworn, testified that she gave medicine sometimes, and had prescribed for the deceased several times since the 1st of January last, until about a week before she died; considered her condition due to ill treatment during her late confinement; gave her a decoction of various roots, and a wash for her mouth.

Dr. Lodowick Hanes, being sworn, testified that he had seen Mrs. Rosell only once professionally on the third of May last; the symptoms then exhibited, manifested those of *aphthæ*; administered opium with magnesia, and ordered mucilaginous drinks; during that visit a brother of the deceased having suggested the possibility of some poison having been administered to her; the deponent remarked that some of the symptoms did simulate the action of mineral poison.

Dr. T. L. Brown, deposed, that he had attended upon Mrs. Rosell sometime previous to her death. Diagnosis, nursing sore mouth; ordered sulphate of lime 3d trituration; continued this for three or four days, and then changed it for the iodide of mercury, 3d trituration, which was also continued three or four days; does not think death could have ensued if the whole amount administered had been taken at a single dose.

Dr. S. D. Hand, being sworn, testified that he was called to attend upon the deceased two days previous to her death. Diagnosis, inflammation of the mucous surfaces of all the cavities. Symptoms, pulse irritable, pain in the ears, intense thirst, soreness of the abdomen, a burning sensation in the stomach and bowels, at intervals a strong action of the heart, diarrhoea, occasionally alternating with vomiting, intervals of extreme prostration, and great palor of countenance; thought the disease might have been simple *aphthæ*, aggravated by injudicious or neglect of treatment; prescribed a solution of corrosive sublimate once in three hours in connection with some pellets of arsenicum; could not testify as to the strength of the solution of corrosive sublimate employed, but intended to administer about the four-hundredth part of a grain each dose.

VERDICT.

State of New York, } ss.
BROOME COUNTY.

An inquisition indented and taken for the people of the State of New York, at the office of Dr. E. G. Crafts, in the town of Binghamton, in said County of Broome, commencing on the 12th day of July last, and which has adjourned to this date, Oct. 15th, 1860, before me, Elmer W. Brigham, one of the coroners in and for said county, upon the view of the body of Mary E. Rosell, upon the oaths of Edwin D. Crafts, Peletiah Brooks, Charles N. Fancher, A. G. Avery, Levi S. Hodge, Walker A. Cole, and H. B. Ogden, good and lawful men of the said county, who being duly sworn to inquire on the part of the people of the State of New York, into all the circumstances attending the cause of the death of the said

Mary Rosell, and in what manner, and when and where the said person came to her death, do say upon their oaths aforesaid, that the said Mary Rosell came to her death on the 31st day of May last, from a cause to them unknown.

In witness thereof, as well the said Coroner as the jury aforesaid, have to this inquisition set their hands and seals this 15th day of October, 1860.

E. W. BRIGHAM, Coroner,
E. G. CRAFTS, Foreman,
P. BROOKS,
HENRY B. OGDEN,

C. N. FANCHER,
WALKER A. COLE,
ALBERT G. AVERY,
LEVI S. HODGE.

CORRESPONDENCE—DIPHTHERIA.

Prof. N. S. DAVIS:

Diphtheria is just at this time very prevalent in De Witt County, and in some portions of the county it has proved very fatal, especially in the neighborhoods of Marion and Mt. Pleasant. We have also had several deaths from this disease in Clinton and vicinity.

The best treatment, so far as my knowledge extends, is the internal administration of chlorate of potassa, quinine, mur. tinct. iron; and I have frequently given the syr. of the iodide of iron with good effect. As a local application to the fauces I give the preference to the tr. ferri. mur. in its full strength; and occasional gargles of brandy, as also of an infusion of capsicum and common salt—a tablespoonfull of each to half a pint of hot water, to this when strained, is added half a pint of hot vinegar.

Owing to the great tendency to prostration in this disease, I have never given emetics of tart. ant. ct. pot., neither have I given calomel, either in alterative doses or as a purge. On the contrary, I pursue the supporting treatment altogether. In the tonic treatment above mentioned I direct my patients to have freely of beef broth, as also brandy or good porter, according to the virulence of the disease, and the age of the patient. When necessary to move the bowels, I prefer mild doses of castor oil, or the seidlitz mixture. With this treatment

I have had tolerable good success, having lost but few patients in proportion to the number treated.

I should be pleased to read an article on the treatment of the disease, under consideration, from the senior editor of the *Examiner*.

Very truly, yours,

CHRISTOPHER GOODBRAKE.

As everything in relation to the treatment of this very troublesome disease is of interest to our readers, at the present time, we copy the following from the proceedings of a recent meeting of the New York Medico Chirurgical College, as reported in the *World*.—(EDITOR OF EXAMINER.)

On thursday evening a meeting of this Medical Society was held, at which Dr. Dewees presided. A very curious specimen of diphtheritic membrane was exhibited by Dr. Sayre, which was expelled from the throat of one of his infant patients about four hours previous to the meeting. The child had been kept four or five days in a room filled with the vapor of water, and heated permanently to the temperature of 85° F. By this means, the membrane, which would otherwise have hardened, and inevitably have suffocated the patient, was kept soft, and any new membranous material formed in the air passages was dissolved, and thrown off by expectoration. At length, the disease having run its course, the layer of this material which had been first deposited within the windpipe, was loosened and got rid of by the violent explosive coughing of the patient. The membrane exhibited formed a beautiful and perfect cast of the interior of the trachea, and the patient having been delivered from this foreign substance, was out of danger. Dr. Sayre mentioned several cases in which he had been similarly successful by this mode of treatment, which consisted of two things: First, the atmosphere of the room was kept saturated, loaded with moisture, as this was the best, perhaps the only efficient means of dissolving the diphtheritic membrane and preventing it closing the air-tubes. Secondly, the strength of the patient was sustained until the violence of the disease had been spent. For this purpose, brandy and other suitable stimulants were given.

PROCEEDINGS OF THE DE WITT COUNTY MEDICAL SOCIETY.

Reported by CHRISTOPHER GOODBRAKE, M.D., Secretary.

The Society met in Semi-Annual Session, at the Office of Drs. Wright & Davis, in Wappella, on Tuesday, the 2nd day of October, 1860. Dr. John Wright in the Chair.

The Minutes of the previous Meeting were read and approved.

Dr. Thomas W. Davis, who had previously passed the Board of Censors, was, on motion of Dr. Goodbrake, elected a member of the Society.

Dr. Wright reported a case of wounded knee joint. The patient, a man about 45 years of age, had received a small wound with a knife, such as is used for cutting up corn, immediately below the patella, on the inner side of the knee. The joint swelled very rapidly and became extremely painful. It was heated with warm fomentations to the knee, and quinine, opium and calomel administered internally. The case was progressing very favorably.

Dr. Davis reported three cases of typhoid fever that came under his notice, which presented some singular features. The patients, in the three cases, had all the usual symptoms of this disease; such as head-ache, lassitude, want of appetite, tongue coated with a whitish fur very narrowly edged with red, bowels more or less tender with a disposition to diarrhœa; pulse from 95 to 110 per minute. These symptoms lasted from two to three weeks; the patients all this time being able to go about the house; and what was singular they became as much emaciated during the period of their sickness as others whom the doctor attended at the same time, and who became very low, so much so, as not to be able to turn themselves in the bed. The doctor's treatment consisted in tonics, animal broths, with opium and nitrate of silver— $\frac{1}{4}$ grain of each every six hours—when considered necessary.

Dr. Goodbrake reported two cases of puerperal convulsions; both were primipara cases. The first was that of a woman about 30 years of age; the convulsions set in about the time

the os tincae began to dilate. She was bled freely; chloroform was administered to control, as far as possible, the convulsions. She was delivered, by the aid of the forceps, of a living child, nine hours after the accession of the first convulsion. The woman died 24 hours after the delivery, in a comatose condition.

The second case was that of a Mrs. J——, aged 17 years, of a small stature, short neck, florid countenance, sanguine temperament. This patient was *not bled*, but chloroform was administered to control the convulsions; unguentum belladonna was applied very freely to the mouth of the womb; she was delivered by the aid of instruments, six hours from the time she had her first convulsion, of a dead child. The patient made a good recovery. The doctor gave it as his experience that a large percentage of puerperal convulsions occurred in primipara cases; also that they took place about the time when the os tincae commenced dilating, which was usually found rigid and unyielding; and was of the opinion, that in such cases the early and free application of the belladonna ointment might prevent these frightful convulsions. He said that he believed he was warranted in saying, that in several cases where this horrible disease was threatening, he averted it by this treatment.

Cholera infantum, the regular subject for discussion, was then taken up; when most of the gentlemen present expressed their views on the pathology and treatment of the disease.

Drs. W. W. Adams and T. K. Edmiston, were appointed Essayists.

On motion, the thanks of the Society were tendered to Drs. Wright and Davis, and their ladies, for the sumptuous dinner served up for the members at this session.

Typhoid Fever was chosen as the regular subject for discussion at the next meeting.

The Society then adjourned to meet in Quarterly Session, at Marion, on the first Tuesday of January, 1861.

CHICAGO MEDICAL SOCIETY.

The regular monthly meeting of this society was held Nov. 16th, the President, Dr. Orrin Smith, in the chair.

After the usual preliminary business, Dr. Ira Hatch read the report of a case of spontaneous inversion of the uterus, and its subsequent history. The report, in full, will be found in the present number of the *Examiner*. An interesting discussion followed, in reference to the efficient cause of uterine inversion, during which Dr. Wickersham called the attention of the society to a statistical article in the October number of the *American Journal of Medical Sciences*, by Dr. Charles A. Lee. He stated that some of the cases quoted by Dr. Lee, were either quoted erroneously or purposely garbled; and that the conclusions drawn were still more erroneous. All these mis-statements and errors very singularly tended to magnify the importance of *traction on the cord*, as the cause of inversion. In view of the importance of the subject, and the direct bearing of such statistics on the reputation of the physician, in whose hands a case of inversion might occur, the society appointed a committee consisting of Drs. Orrin Smith, Ira Hatch, and W. H. Byford, to critically examine the article of Dr. Lee, and expose whatever important errors might be found therein.

The special topic selected for discussion at this meeting was *Scrofula*. The subject was discussed at considerable length by Drs. Waite, Bevan and Hatch. Dr. Waite, among other remedies, recommended the *Stillingia* as the best vegetable alterative we possess for the treatment of scrofulous diseases. Dr. Bevan raised the question whether there was any necessary connection between syphilis and scrofula, and adduced some facts that would countenance such connection; but not sufficient to demonstrate its actual existence. Dr. Hatch strongly recommended quinine in the treatment of scrofulous ophthalmia. The latter disease was selected as the subject for discussion at the next meeting. Dr. N. S. Davis was appointed to read an essay.

The Society then adjourned.

CLINICAL REPORTS.

MERCY HOSPITAL.

Service of Prof. N. S. DAVIS, M. D., Prof. of Practical Medicine and of Clinical Medicine.

(Collated by FRANK W. REILLY, Senior Class Med. Depart. Lind University.)

*Hypertrophy with Dilatation of the Left Auricle—Result:
Thickening of Mitral Valve, Edema and Pulmonary
Congestion.*

The patient, a German Catholic clergyman, *ætat* about 35, was admitted into the Hospital on the 19th November, from one of the interior towns of the State. Appearances before the class—*anæmic*; complexion *sallow*, *bloodless*; countenance *anxious*; pulse full, strong, irregular and intermittent; inferior extremities *œdematous*. About two years since had a severe attack of fever (probably typhoid, from description), to which he refers his present condition.

Prefacing with a brief review of the pathology of hypertrophy, its causes, conditions and effects, the lecturer proceeded to remind the class of the physiology and anatomy of the heart, to which, in this case, attention was specially attracted by the general symptoms and appearances:

As you are aware, gentlemen, the lining membrane of the heart—the *endocardium*—enters into the composition of the cardiac valves and orifices, and, like the *pericardium*, consists of two layers, an external, fibrous, and an internal, serous, one. Now the result of an infiltration, supervening upon an inflammatory attack of whatever nature, might be a deposit in the texture of the valves, which deposit becoming organized, would occasion a thickening; the patient recovers from his inflammatory attack, his acute rheumatism, or fever, and to all appearances is perfectly well. But, gentlemen, should the deposit fail to be absorbed, and the valve or orifice continue thus impeded by a surplus of matter, fibrous or osseous, what is the consequence? Why, in two, four or six months your patient begins to notice a difficulty in his breathing; he is less able to undergo active physical exertion, running up a flight of stairs “puts him out of breath,” as the saying is; the urinary secretion diminishes, there is an excess of phosphatic and lithic

acid salts, the quality of the blood is impaired, derangement of the digestion, loss of strength, œdema and general enfeeblement are the results. Now it is necessary to know—not less essential to your own success as practitioners, than to the welfare of your patients—that cardiac disease, either temporary or permanent, is the not uncommon termination of a large proportion of, more especially acute rheumatic attacks. And it is necessary to remember this, not because your patient is in immediate danger,—for, as I have already hinted, the cardiac irritation in many cases is only temporary—but in others it becomes chronic and finally fatal. With this knowledge you will see the propriety of carefully watching, during the progress of an acute attack of inflammatory fever, the condition of the heart's action. I would advise you to auscultate frequently—auscultate at least every second day during the active stage of the disease—and should you detect any evidence of cardiac disease supervening, direct your treatment to it at once, and do not discontinue the use of alteratives and other remedies tending to promote absorption, until all abnormal signs are removed. All cases of valvular disease of the heart, however, are not attributable to rheumatism, though by far the greater portion are. In typhoid or continued fever, we not unfrequently find red, congested patches upon the heart, showing that infiltration might have taken place, as, I doubt not, it did in the case before us. In these cases, however, we should suspect the progress of the disease would be less rapid than in cases resulting from the former more common cause. And we so find it, manifesting itself slowly and insidiously. Thus in this patient, two years had elapsed before the development of his present symptoms.

In investigating all cases of heart disease, you will be careful to thoroughly distinguish between mere functional disturbance and true organic disease, the result of actual organic change. In some of the most distressing cases of cardiac trouble I have ever seen, there was no organic change—no change of structure whatever. I remember one patient particularly, who could not sit down and listen to a detail of these symptoms, without such a tumultuous throbbing of his heart,

dyspnoea and fainting, as would lead to the belief that he was actually about to die. Such cases are met with quite frequently, in both sexes, and yet without any structural change at all. In distinguishing them, you will find that in mere functional disorder, the mental emotions have much to do with the symptoms, and thus the paroxysms will be irregular—as apt, or more so, to occur to the patient while lying in bed, quiet, at night, as when about his ordinary business in the day-time. And there will be times when he will be as free from any symptom of heart disease as you or I. But agitate him by any unpleasant news, or sudden mental excitement, or over-load his stomach with a too hearty meal, and you have at once all the symptoms of functional disease of the heart.

In organic disease, on the contrary, the condition of the mind has less controlling effect; while a given physical exertion will produce a recurrence or increase of the paroxysm, be that exercise pleasant and agreeable or otherwise. We possess a more certain means of diagnosis, however, by auscultation, and by careful study of the indications thus afforded, we may with perfect certainty distinguish between functional disturbance and structural disease. You are already aware that the heart's action has three characteristics—the impulse; a first—*long*—and second—*short*—sound; and that when these are performed normally with relation to each other, the rhythm, as it is termed, is said to be normal. The apex of the heart, forced against the ribs, synchronously with the first sound—the systole, as it is called, after which we have a pause, then the short sound, or diastole, then an interval longer than the first, followed by the impulse, systole, pause, &c., and this we have seventy-five times a minute in the healthy condition. Now, no functional or nervous disorder will interfere with these sounds to modify their character or the relative duration of sound and interval—that is, during the interval between the distressing symptoms before referred to, we will find the rhythm of the heart normal and undisturbed. In anæmia we may have the first sound, or systole, accompanied by a soft blowing bellows sound—the *bruit de soufflet* of the French—and this may, in some degree, complicate our diagnosis; but if

we remember that the anæmic bellows sound is soft, and not rough, harsh, rasping or filing, and may further be distinguished in the neck, over the sub-clavian artery, we can proceed with our diagnosis. In organic disease we will find the rhythm perverted and unnatural; the first and second sound modified in various ways; the systole lengthened or shortened and changed in character, or the diastole, or both; or both merged into one sound: we may have rasping, filing or sawing sounds, a variety as extensive as the fancy of the listener chooses to recognize. And these sounds will depend upon alterations in the structure of the valves or orifices, and from their location, character and other indications, we are enabled to locate with a very considerable degree of accuracy the precise point of disease. As the hour is wearing away, and I am desirous you should all have an opportunity of examining the patient with the stethoscope, we will defer a further and more general consideration of these sounds, their significance, and so on, until we shall arrive at the subject in the regular curriculum of the lecture room.

Examination of Patient.—This was made under some disadvantages, as he was moderately under the influence of digitalis, and the sounds were somewhat obscured. *Impulse:* Muffled, and lacking in sharpness and quickness; very irregular and intermittent—beating rapidly two or three beats, intermitting a beat, and then three or four following in rapid succession. Intervals between pulsations, also, very variable. *Sounds:* the systolic and diastolic sounds are in a manner merged, by the occurrence of a rough drawing sound immediately preceding and accompanying the diastole, and diminishing the interval between the first and second sounds. This *bruit de soie* is heard more distinctly just below the level of the nipple, and across the body of the heart, diminishing over the aorta, and conveys the idea of the blood, after being propelled into the ventricle, hissing through a small opening back again—the situation corresponding to the left auriculo-ventricular opening. From the fact that the patient has had one or two attacks of hæmoptysis; from the dyspnoea and general œdema, there is evidently some pulmonary congestion; and the position and

character of the *bruit* point to a thickened and indurated condition of the mitral valve, allowing the blood to regurgitate from the ventricle, and so favoring pulmonary congestion. Hypertrophy is sufficiently proved by the muffled impulse—more a swelling out under the hand, than the true shock of a natural impulse, and by percussion. Dilatation is indicated by the absence of any corresponding increase of strength in the heart's action. The œdema of the extremities results from the combined influence of impoverished blood and irregular circulation; and it often happens that the dropsical symptoms are increased by the excretion of albumen with the urine, in connection with organic disease of the heart. The prognosis, in a case of this kind, is unfavorable; and the treatment can only be palliative. The avoidance of all active muscular exercise; the use of a plain but nutritious diet; and the moderate use of diuretics with mild sedatives, will do as much to comfort the patient and prolong life, as any course that could be pursued.

Service of Prof. E. ANDREWS, M.D., Professor of Surgery in the Med. Depart. Lind University.

New Instruments for the Treatment of Hip Disease.—Remarks and Cases Illustrating their Use.

GENTLEMEN :—

The treatment of *morbus coxarius* has undergone a great revolution within the last eighteen months. Before that time, it is true that surgeons understood the pathology of the disease, and employed, to ameliorate it, remedies which were at once rational and useful; but the difficulties, of a practical nature, which beset treatment, were such that in general the remedial measures were shorn of their efficiency, and almost reduced to the low grade of palliatives. The ends to be aimed at in this disease are: 1st, To correct the constitutional diathesis; and 2nd, To remove the local causes of irritation. In the constitutional treatment no material improvement has, of late, been made; but in the local measures, revolutionizing changes have been effected. The obstacles which have hitherto stood in our

way in managing this disease, were: 1st, The excessive dread of any operative procedure which should open the cavity of the joint; and, 2nd, The difficulty of preserving the inflamed synovial surfaces from friction against each other, without confining the patient to the bed for such a length of time as must prove disastrous to the constitutional vigor.

Those who have read the current surgical literature of the country for a year past, will readily recall the following conclusions, which are now admitted by the best surgeons:

1st. In the primary stages of the disease there is often an excess of synovia secreted, which, by its presence in the confined sac of the capsular ligament, greatly increases the pain and exasperates the inflammation. It is now deemed advisable to tap the joint and evacuate the fluid in such cases. This is usually accomplished by introducing a small trochar through the capsular ligament behind the great trochanter. If there is an accumulation of pus in the cavity, it is evacuated in the same way. In this manner the parts are relieved, and in many instances the destruction of bone is prevented. 2d. If, however, the bone has actually become carious, it is deemed best to operate at once, and remove the diseased portion by excision of the head of the bone. It is found that patients bear this operation well, and that the risk is a mere trifle compared with the appalling danger of leaving the sequestrum for years as an irritant and provoker of exhausting suppuration. The old objection that the ilium *may be* involved in the caries, has no force. Usually that bone is sound, and when otherwise it is often affected only around the acetabulum where the gouge readily removes the diseased part. In short, we remove carious and necrosed bone from this region, with just as little hesitation as from any other part of the body. The tapping of the joint in some cases, and the excision of the diseased bone in others, are finally established as important remedies in this disease.

In addition to these improvements, we have equally important ones in the mechanical appliances made use of.

Formerly the long splint, or the starch bandage, combined with rigid confinement to the bed, were the only measures by

which we were able to prevent the friction and pressure of the inflamed surfaces against each other. The objections to these measures are: 1st, That the confinement to the bed is disastrous to a constitution already half ruined by debility. 2nd, That so far as the starch bandage is concerned, it only relieves the *friction* of the joint, but does not diminish the *pressure* on the diseased surfaces. To accomplish these indications better, Drs. Davis and Sayres, of New York, have each produced a splint, one being a modification of the other. I have been able to see only one of these which I will now describe. It consists of a steel splint fitted to the curves of the outer side of the hip, thigh and leg. It is attached to the leg by adhesive straps, and to the hip by a perineal band. It is provided with a ratchet, &c., for the purposes of extension. With this apparatus the limb is kept extended so that the pressure of the inflamed head of the femur into the acetabulum is completely taken off. The patient is not confined to his bed, but allowed to go about, taking air and exercise, and invigorating in this way his general health.

In making use of a similar apparatus, however, I find the following inconveniences:

1st. The splint, in order to make proper counter-extension, necessarily reached high above the hip joint. It therefore operates to prevent the flexing of the thigh on the body to such an extent as to render all motions of sitting down and rising up very difficult.

2nd. When applied after excision of the head of the bone it comes over the seat of the wound in such a way as to not only become fouled by the discharges, but to very much interfere with the cleansing and dressing of the limb.

On this account I have sought to modify the principle, and have devised the instrument, which you here see. It consists, you see, of a rod of iron, to be applied to the *inner side* of the leg and thigh, with a foot piece, which is riveted to the sole of the shoe. To the upper end is attached a sliding rod and screw for extension, surmounted by a crutch top well padded, which rests against the perineum. In adjusting it the foot is placed in the shoe and held there by long and broad

adhesive straps attached to either side of the leg and brought down and tied or sewed under the foot piece. The screw is then turned up until the padded crutch top rests firmly against the perineum, and the desired extension is accomplished. In this way the weight of the patient rests upon the instrument and the instrument upon the ground, without impairing the extension. The superior extremity not reaching above the joint, the patient readily flexes the thigh when sitting, and the instrument being on the inner side of the limb, is out of the way of any foul discharges after the operation of excision.

CASE 1.—This little girl was presented to you some months ago in the very first stages of the disease. She then discontinued her attendance for a time, but again gradually getting worse, she returned. The left lower extremity was as usual drawn up in the vain instinctive effort to lift the acetabulum away from the torturing pressure of the head of the femur. There was the usual pain in the knee and a general excitement and irritation of the nervous system; but no evidence of actual caries. I applied at once this instrument, keeping it on night and day. From that hour the patient began to improve. The joint, relieved from pressure, grew less inflamed, the pain subsided, and the apparent shortening disappeared. At the present the patient walks about upon the instrument without suffering, and is in a fair way to recover with a perfect limb.

CASE 2nd.—This man lay in the wards a long time, with obscure symptoms resembling rheumatism. At length, however, there were evidences of a suppurative diathesis; the disease manifested its location in the hip joint. The limb took on all the usual appearances of hip disease in the early stages, and I considered the resemblance sufficient to call for the same treatment. Accordingly the instrument was constructed and applied. The result was most gratifying. The soreness from that time began to subside, the limb came down to its place, and now the patient walks freely on his instrument without a particle of suffering. You will observe by pressure upon the dorsum of the ilium, a hard projecting ridge, showing that there has been extensive periostitis around the joint, and that had it not been for this mode of treatment he would

doubtless be now laboring under the evil of a carious hip joint.

CASE 3rd.—This little girl was first brought under my care with the bone already necrosed. She was thin, pale, exhausted by suppuration and tortured by pain. I excised the superior extremity of the femur. The ilium was found healthy and required no gouging; but the head of the femur was entirely gone, and several sequestra ledged in the shaft. After the operation the apparatus was applied as in the former cases. The pain very soon disappeared entirely; the patient gained flesh and strength, and now walks with comfort upon the instrument. By continuing the use of it we shall prevent the limb from being much shortened, and after the femur has contracted a tolerably strong ligamentous attachment to the ilium, the artificial support may be left off, and we shall see that there will be a surprisingly good use of the limb in walking notwithstanding the loss of substance in the bone. I have other cases on my hands, but they are not yet sufficiently advanced to enable me to report their results to you.

The instrument costs only about three dollars for the iron work, if made in a plain way. The padding of the crutch piece, which can be done by any ingenious seamstress, should be covered with oiled silk, or sheet india-rubber, to prevent the absorption of perspiration or other secretions.

Thus, gentlemen, you will find in your experience that *morbus coxarius* is a disease which has lost a great part of its terrors. By the measures which I have explained to you, it will yield to your skill, and you will find yourselves able hereafter to save many a life such as your predecessors have been wont to lose.

BOOK AND PAMPHLET NOTICES.

TRANSACTIONS OF THE ILLINOIS STATE MEDICAL SOCIETY, at its
Tenth Annual Meeting, held in Paris, May 8th and 9th, 1860.
Chicago: Wm. Cravens & Co., 132 Lake-st., Printers.

This is a volume of 226 pages, containing the record of Proceedings of the Annual Meeting, and Reports on Diseases of the Eye, by Dr. E. L. Holmes; on Inflammatory Affections of the Female Breasts, by Dr. W. H. Byford; on Surgery, by Dr. D. Brainard; on the Food most proper for Infants when deprived of the Milk of the Mother, by Dr. N. S. Davis; on the Nature and Treatment of Rheumatism, by Dr. J. S. Whitmire; on the Medical Uses of Veratrum Viride, by Dr. A. Hard; on Practical Medicine, by Dr. C. Goodbrake; on Perineal Pressure to Facilitate Labor, by Dr. T. D. Fitch; and the List of Members who have paid their Annual Assessments. This is the largest and most interesting volume of Transactions ever published by this Society. Copies can be obtained by applying to the Secretary, Dr. N. S. Davis, of Chicago, and enclosing a three cent postage stamp to pay the postage.

TRANSACTIONS OF THE INDIANA STATE MEDICAL SOCIETY, at its
Eleventh Annual Session, held in Indianapolis, May 17th and 18th, 1860

This is a Pamphlet of 68 pages, the record of Proceedings of the Annual Meeting; the Presidential Address, by Dr. David Hutchinson; a Paper on Artificial Lactation, by Dr. Charles M. Wetherill; on Medical Inhalation, by Dr. T. W. Fry; on the Progress of Medicine, by Dr. J. H. Brower; on Diphtheria, by Dr. R. E. Haughton; on Medical Education, by Dr. Charles Fishback; also the Constitution and By-Laws of the Society, and a List of Members. Nearly all of these Papers possess the merit of brevity, and may be read with profit. The following are the conclusions of Dr. Haughton in relation to Diphtheria:

"*Summary*.—1. Diphtheria is a specific disease, as is seen in its history, its progress, its mode of extension, and more particularly in the character of its exudation; also in its choice of locality, in its toxic influences, its termination and its sequelæ.

"2. It is often confounded with scarlatina angina, with cynanche gangrenosum, with ulcerative tonsillitis, and may be, even, with cynanche trachealis.

"3. It is not fully determined to be contagious or infectious. It is both epidemic and endemic, and prevails with much severity in limited centers of population.

"4. It presents itself under three varieties:—I. Simple diphtheria. II. Laryngeal or croupal diphtheria. III. Malignant. The first is easily managed; the second is very dangerous; the third nearly always fatal.

"5. The simple variety may be treated with mild stimulating gargles; the other varieties energetically with the internal administration of quinine, pot. chlor., mineral acids and vegetable tonics. The tr. ferri chlor. both internally and locally; a strong solution of the argent. nit. to the throat, and a solution of chloride sodium, as a disinfectant. As adjuvants: ventilation, nutritious diet, stimulants and sponging.

"6. Tracheotomy is contra-indicated in all cases."

TO WHAT AFFECTIONS OF THE LUNGS DOES BRONCHITIS GIVE ORIGIN?—An Essay, by DANIEL D. SLADE, M.D., of Boston, for which a Prize of \$100, was awarded by a Committee of the Massachusetts Medical Society.

This is a very interesting Essay of 75 pages, printed on good paper, and in good legible type. It presents a fair summary of what is known concerning the subject on which it treats; but claims no novel discoveries or important additional facts. We quote the closing pages of the Essay, which will give our readers an idea of the topics discussed, and the conclusions drawn by the author:

"In the preceding pages, we have endeavored to point out the immediate and remote effects of bronchitis, as shown more particularly by the *pathological* states of the lung. We first directed attention to the effect of inflammation upon the lining membrane of the bronchi, and their secretions, and the consequent effects upon the auscultatory phenomena of the chest. We then spoke of death from apnoea, the result of sudden and

abundant effusion of the inflammatory secretion, or of the plugging up of one or more of the principal bronchi. We proved that all the phenomena exhibited by the physical signs of bronchitis were in perfect accordance with the anatomical appearances, which we described.

"Next, we considered the direct effects of the obstruction of the bronchi upon the adjacent pulmonary tissue, leading to that peculiar condition, collapse of the lung, a lesion which has but lately been properly understood, having been heretofore considered and described as a form of pneumonia. The history of this affection we discussed at some length—commenting upon the light which a knowledge of it had thrown upon the pathological condition of the lung, particularly in childhood.

"We next considered the causes of this lesion—and whether obstruction of the bronchi, without some deficiency in the respiratory power, was sufficient to bring it about. We gave the views of several observers on this point, and the results of experiments on animals—and having discussed the relative effects of inspiration and expiration, in their power to get rid of bronchial obstructions, as well as the mechanical condition, conducing to the production of collapse, to be found in the air-tubes themselves, we arrived at the following conclusions :

"That the production of collapse of the lung is due—first, to the existence of mucus in the bronchi, which is the more liable to produce collapse in proportion as it is tenacious. Second, to weakness or inefficiency of the inspiratory power, however it may be caused. Third, to inability to cough or to expectorate, and thus remove the obstructing mucus.

"Bronchitic collapse of the lung occurring under two different forms, we gave the anatomical appearances which they present, observing also, that the disease offered the same characteristics in the adult as in the child.

"The question of bronchial abscess next occupied us. We considered its pathology and relation to bronchitic collapse and, the views of several observers on this point.

"The diagnostic symptoms of collapse having been given, we considered, whether this condition being once established, the lung could be restored to its normal condition—a consideration which led to the question of the function belonging to the muscular fibres of the air-tubes.

"Does bronchitis give rise to true pneumonia, lobular as well as lobar ? We presented the views of several authors on this point—as also the anatomical appearances of partial (lobular) pneumonia.

"We next passed on to the secondary and more permanent lesions of the lung—the result, for the most part, of bronchitic

collapse. We said that this pulmonary lesion led to atrophy of the lung—which we fully considered, giving the observations of Dr. Gairdner, and others, on this point, and on the pulmonary concretions which are not unfrequently found in the midst of atrophied lung.

"Next in order, as secondary effects of bronchitis, we discussed the important subject of vesicular emphysema. Describing the nature of this lesion, we considered at some length the conflicting theories which have been offered to account for its development. We endeavored to show that the theory of Laennec and others, which would ascribe the origin of emphysema to forced *expiration*, could not be supported, reasoning on the mechanical incapability of the act, but that the experiment of M. Groux, upon himself, would seem to decide otherwise; so that we are forced to admit that vesicular emphysema *may* be produced by the expiratory act.

"The *inspiratory* theory of Dr. Williams and others, we attempted to prove, approached the truth, but did not cover the entire ground. Reasoning from the fact that the inspiratory power of the chest is exactly limited by its capacity, it is obvious that inspiratory force can no more distend the air-cells so as to produce emphysema, than it can do so in perfect health. Another condition is therefore necessary to the perfection of the theory, and this is to be found in partially diminished bulk, or, in other words, pulmonary collapse or permanent atrophy of some portion of the lung.

"These observations are based not only upon what the anatomical appearances teach, but upon the peculiarities which are presented by the 'emphysematous chest,' and the relation which it bears to pulmonary emphysema.

"Certain pathological alterations of the bronchi, the contraction, obliteration, as well as the dilatation of the vessels, as secondary results of bronchitis, were next attended to. The forms, causes and changes in the lung due to these conditions, were spoken of.

"The nature of asthma, and its relation to bronchitis, were discussed. Having again spoken of the de-obstruent action of the air-tubes, we said that attacks of asthma, especially that which is termed 'Humoral,' were undoubtedly owing in many cases to a spasmodic derangement of the muscular fibres of the bronchi, whereby a great accumulation of mucus took place. Connecting these two phenomena, it is obvious that if this removal of the mucus depends in a healthy condition upon the regular action of these fibres, its accumulation must accompany any derangement of that action.

"In our remarks upon the relation of bronchitis to phthisis, we said that observation and experience have now conclusively shown that this affection is to be considered as a cause of phthisis *only when a predisposition exists*; that there was in reality very little or no foundation for the widely-spread opinion that bronchitis is a frequent and direct cause of phthisis.

"We closed with some general observations upon the etiology and prophylaxis of the disease."

ANNUAL ADDRESS, delivered before the Philadelphia Medical Society, March 26th, 1860. By R. LA ROCHE, M. D. Published by order of the Society.

This is a neatly printed Pamphlet of 61 pages, and contains a very elaborate and interesting examination of the 5th Satire in the 1st Book of Horace, "in its application to questions of a professional nature." Though a singular theme for an anniversary address, the manner in which it is presented will add to the previously high literary reputation of the author.

CONTRIBUTIONS TO THE MEDICAL FLORA OF NASHVILLE, TENN. By GEORGE S. BLACKIE, M. D., Prof. of Botany and Natural History in the University of Nashville.

This little Pamphlet of 23 pages, was designed to call the attention of the practitioners of Medicine in the vicinity of Nashville, to the numerous and important indigenous articles found growing in their own woods, fields and road-sides. It is well written, and will serve a useful purpose.

MEDICO-LEGAL INQUIRY, concerning the value of Testimony respecting facts as they appear to a Mind partly Conscious. By T. L. WRIGHT, M. D., of Bellefontaine, Ohio.

This is a Pamphlet of 32 pages, re-printed from the Transactions of the Ohio State Medical Society. The object of the author is to show that the testimony of an individual in relation to facts supposed to have taken place, while such individual

was partially unconscious from the influence of anæsthetics, is entirely unreliable. The subject is ably discussed by the author.

We have received a copy of "Hartshorne on Principles of Medicine," and also one of "Hodge on Diseases Peculiar to Females;" but we must defer a proper notice of them until we have had time to give them a more careful examination. They are for sale at the book-store of W. B. Keen & Co., on Lake street.

SELECTIONS.

Tapeworm.—Dr. Cubbold read before the Middlesex Hospital Medical Society, October 15, a paper on tapeworm, its prevention and treatment. The very interesting observations of recent naturalists upon the development of tapeworm, and their relationship to the cystic entozoa were pointed out, and illustrated by diagrams and specimens. The author then remarked, that to harbor parasitic beings appears to be an almost universal and normal condition of existence. He had himself dissected upwards of six hundred animals belonging to the different vertebrate classes, and had in almost every instance found some form of internal parasite, often many different species, and innumerable individuals inhabiting the same creature. Upwards of twenty species of entozoa are known to infest the human body; of these, four belong to the Tæniadæ or Tapeworm family, viz., *Tænia solium*, *T. mediocanulata*, *T. nana*, and *Bothriocephalus latus*. The means of prevention are to avoid the introduction of the creature in its undeveloped, or cystic condition into the system. In this state it has received the name of *Cysticercus Cellulosæ*, and exists frequently in the muscular tissue of the pig, producing what is commonly known as "measly pork," and which, if eaten in an imperfectly cooked state, will infallibly give rise to tapeworm. The treatment recommended was half a drachm of æthereal oil of male fern, mixed with an ounce of honey, half to be taken at night fasting, the other half the next morning, followed in two hours by a brisk purgative.—*Med. Times and Gaz.*, Oct. 27, 1860.


M. Jobert's Method of Treating Stricture.—The *France Medicale* of the 11th ult. contains a clinical account of M. Jobert de Lamballe's practice, at the Hotel Dieu de Paris, in the treatment of stricture. The French surgeon's opinions are rather sweeping, as he condemns pretty well every mode of treatment save his own, which is described as follows: Take an emplastie bougie, and soften the extremity at the flame of a lamp; then incorporate more or less alum with it, according to the effect you wish to produce, and gently carry down the instrument to the seat of the stricture. There leave it a quarter of an hour. After two or three applications (the intervals are not mentioned), inflammation of the mucous membrane and discharge follow; the canal becomes disorged by this transitory catarrh, and a bougie with an olive-shaped extremity passes easily. The case quoted in support is in nowise conclusive, and we must submit that the alum incorporation does not seem to us to present any advantages—rather the contrary. This practice of M. Jobert somewhat resembles the new mode of treating gleet in Paris, alluded to by our own correspondent; but practitioners will probably require good proof that these methods are really efficacious, and that they produce no mischief, before they have recourse to them.

Cold versus Heat.—The annual deaths by cold and by burns in this country follow a curious law of progression when their frequency is compared with the temperature of the year. Thus the temperature of 1855 was low, and in that year deaths by cold amounted to 195, and deaths by burns and scalds to 3177; and in the year 1857, the temperature being high, the deaths by cold did not exceed 45, and by burns 2717. In the four years out of nine when the annual deaths by cold exceeded 100, the deaths by burns and scalds were 2826 on an average; in the four years when the annual deaths by cold were less than 100, the deaths by burns and scalds were 2710 on an average. The additional fires in cold weather, and the disposition to approach them without due caution, sufficiently explain this, while they also indicate the importance of applying widely the principle of rendering dress non-inflammable.

The Cholera in Spain.—The "Siglio Medico" of Madrid contains an article which shows that the cholera has regularly broken out in some part of Spain since 1854. From the 1st of May to the 29th of June of this year, 5344 cases occurred at Malaga, the deaths being 2267. Many provinces have been invaded, but Madrid has as yet escaped.

Ethereal Instillations into the Ear for the Cure of Deafness.—The excellent report read by M. Meniere, Physician to the Deaf and Dumb Asylum in Paris, at a late meeting of the Academy, has completely set at rest the question of the efficacy or inefficiency of ethereal instillations into the ear for the cure of surdo-mutity. M. Meniere availed himself of the advantages afforded by his position at the Asylum, and instituted a series of experiments with a view to the solution of what, strange to say, was, and is still in many minds, an undecided question, and came to the conclusion that sulphuric ether exerts *no action whatever* upon the auditory senses of those congenitally deaf and dumb. M. Meniere might have been entitled to carry his condemnation still further, but said that, in his character of scientific experimentalist he was bound scrupulously to respect the limits he had himself imposed upon his researches.—*Bos. Med. and Sur. Jour.*

Effectual Use of the Sponge Tent in Sterility.—M. Pieffer mentions, in *L'Union Medicale* of the 28th ultimo, that Prof. Stalz, of Strasbourg, succeeded in removing sterility in the case of a healthy childless couple, who had been married four years. On examination, the cervix was found extremely narrow and very rigid. The use of tents of prepared sponge for a month or six weeks, with an occasional warm bath of an hour's duration, was advised; and the lady became pregnant two months after beginning the treatment. She was eventually delivered of a healthy boy. This procedure seems to M. Pieffer preferable to the division of the cervix, as advised by Dr. Simpson, especially where the patients object to the use of the knife.—*London Lancet.*

 In the September number of the *London Pharmaceutic Journal* for 1860, it is stated that, on dividing the pupils of the Polytechnic School of Paris into smokers and non-smokers, it is shown that the non-smokers have proved themselves, in the various competitive examinations on entering the schools, scholars of a lower rank; but in the various ordeals they have to pass through in a year, the average rank of the smokers has constantly fallen, and not inconsiderably, when the men who did not smoke enjoyed a cerebral atmosphere of the clearest kind.

A Hospital for Negroes has been established at Charleston, S. C. The medical attendants are Dr. Cain, Physician, and Dr. Ohisolm, Surgeon. It is to be opened for clinical teaching.—*Bos. Med. and Surg. Jour.*

John Hunter.—The Council of the Royal College of Surgeons have caused a beautiful memorial tablet to be placed over the site of the grave of Hunter, now resting in Westminster Abbey, with the following inscription:—

“Beneath are deposited the remains of John Hunter. Born in Long Calderwood, Lanarkshire, N. B., on the 13th of February, 1728. Died in London on the 16th of October, 1793. His remains were removed from the Church of St. Martin's-in-the-fields to this Abbey, on the 28th of March, 1859. The Royal College of Surgeons of England have placed this tablet over the grave of Hunter, to record their admiration of his genius, as a gifted interpreter of the divine power and wisdom at work in the laws of organic life, and their grateful veneration for his services to mankind as the founder of scientific surgery.”

This inscription is deeply cut in brass, of a Gothic design, inlaid in a slab of polished red granite, and presents that chaste and elegant appearance for which the Messrs. Hardman, of Birmingham, who executed the work, are so distinguished. Mr. Weekes, the eminent sculptor, is progressing favorably with the model of the statue, which is to be of marble, and to be placed in the Hunterian Museum, thus to be comparatively buried. Why was not a public site chosen for it? Mr. South, the president of the college, still continues to receive subscriptions toward the foundation of a scholarship (after payment for the statue), in order to perpetuate still more the immortal genius of Hunter. Our transatlantic brethren have already sent a handsome sum to Mr. South, as a first installment towards this desirable project.

EDITORIAL.

A REQUEST.

Those members of the profession who receive the present number of the *Examiner*, will place us under obligations by answering, as promptly as may be, the following questions:—

1st. How often (approximately or accurately), have you used Chloroform as an anæsthetic?

2d. Have you ever had any dangerous or fatal results from its use? If so, what?

3d. Are you personally cognizant of any dangerous or fatal results from its exhibition by others? If so, please detail case or cases.

4th. In the detail of cases, (dangerous or fatal), be pleased to specify particularly the mode of, and *position*, of the patient during its administration, the character of the operation to be performed, alarming symptoms, restorative means used, etc.

FISHER vs. STONE.

This case, which was a suit for slander instituted by Dr. A. Fisher, of this city, against H. O. Stone, recently occupied the attention of the Circuit Court through a very protracted period, and finally terminated in a verdict for the defendant.

The circumstances were briefly as follows:—Dr. Fisher, who is a physician and surgeon of good reputation and unexceptionable character, was called to attend Mrs. Stone in her confinement. The labor was rather tedious, and the delivery of the after birth accompanied by some more hemorrhage than the average, though not sufficient to create alarm. The patient was comfortably put to bed, and in a short time the attendants took some refreshments and retired. The patient progressed in her recovery slowly, but was so well at the end of nine or ten days, that the Doctor ceased his visits. She continued to progress favorably for something more than a week, during which time she sat up some, and on two or three occasions she was assisted to her piano, where she played and sang freely. About this time a moderate secondary hemorrhage occurred, which caused the patient to be confined to her bed, and to have Dr. Fisher re-called. As the hemorrhage was very moderate in amount, it was attributed to weakness and over-exertion, and the patient put upon the use of tonics and astringents, both internally and locally, without resorting to a vaginal examination. After persisting in this course for several days without success, the Doctor resorted to an examination per vaginum, and very much to his surprise found the uterus inverted and occupying the vagina. Dr. Fisher continued to

attend the patient on the most friendly terms for many weeks after the discovery of the inversion, but failing to persuade her to submit to an operation for its re-position, and her health remaining bad, she determined to go to a water-cure establishment in New-York State. After she left Chicago, she soon came in contact with medical men who claim that inversion of the uterus *always* takes place during the delivery of the placenta or soon after delivery. And of course the patient and her husband were soon taught to believe that her inversion had occurred immediately after delivery, and had been either purposely concealed, or culpably overlooked by her medical attendant, Dr. Fisher.

Consequently, on his return home, Mr. Stone commenced a relentless warfare upon the professional character of Dr. Fisher. On account of this, the latter commenced the suit for slander. The defendant did not deny the slanders, but pleaded *justification*, alledging that the inversion had occurred either through the carelessness or unskilfulness of the plaintiff in delivering the placenta. A large amount of medical testimony was adduced by both parties, by which much difference of opinion was shown to exist among the most enlightened members of the profession, in relation to the mechanism of inversion of the uterus; its efficient causes, and the periods of time at which it may take place. From the opinions given in the course of this trial, and those found expressed in the pages of our medical literature, we are satisfied that there are very prevalent and important errors existing in relation to this subject. Errors, indeed, that are dangerous to the reputation of every practitioner of the obstetrical art; and which, as they now stand, afford an almost insuperable obstacle in the way of obtaining justice in any court where this subject is involved. Hence, if time will permit, we shall carefully review the subject of *inversio-uteri* in the next number of the *Examiner*.

Resignation.—We are informed that Prof. A. S. Hudson, has resigned the chair of Physiology and Pathology in the Rush Medical College of this city. The duties of the chair

are being discharged by other members of the Faculty for the present session. The school seems to be enjoying a fair degree of prosperity, so far as regards the number of students, there being about 120 Matriculants.

The Examiner.—The present number completes the first volume of the Chicago Medical Examiner. It will continue to be issued, as heretofore, during the first week of every month. We propose to make no changes in the general plan and objects of the Journal, but to make every possible exertion to fill its pages with such matter as will be of the greatest utility to the profession of the North-West. As the January number will commence a new volume, it is a favorable time for new subscribers to send in their names. And we trust that all our old subscribers, as well as the new ones, will remember that our terms are \$2 per annum, payable in advance.

Medical Department of Lind University.—We saw in a late number of the *American Medical Times*, a letter dated Chicago, and signed "Pillula." The writer, after giving an eulogistic account of the Chicago Charitable Eye and Ear Infirmary, and the opening of the lecture term in the Rush Medical College, states that the present session of the Lind University opened with a *rather smaller* class than last year, with the evident design to convey the impression that this Department of the University was proving a failure.

We would respectfully inform the *Times*, that "Pillula" is mistaken. The present session opened with a class twenty-five per cent. larger than last year, and the number now in regular attendance is between forty and fifty. The Junior, Senior, and clinical departments are all well attended, and in every respect the institution is enjoying a degree of prosperity fully equal to the expectations of its most sanguine friends.

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THE CHICAGO MEDICAL EXAMINER.

EDITED BY

N. S. DAVIS, M. D., AND E. A. STEELE, M. D.

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The EXAMINER will be issued during the first week of each month, commencing with January, 1860. Each number will contain 64 pages of reading matter, the greater part of which will be filled with such contents as will directly aid the practitioner in the daily practical duties of his profession.

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